

## LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES CROSS REGISTRATION FORM FOR EMPLOYEES AND SPOUSES

Name:	Semester / Year-	Fall Winter
Date of Birth: Gender: MF (DATE OF BIRTH IS REQUIRED FOR UNIQUE IDENTIFICATION)		Summer
Home Address:		
Home Phone:		
CHECK ONE:EmployeeSpouse	S	<u></u>
INSTITUTION OF EMPLOYMENT:	Spouse, list employee name	
<u>COURSE INFORMATION</u> May not be used for graduate level cou	rses; <u>one</u> course per for	m
HOST INSTITUTION:	Session:	Add □
Requested Course: CRN / Department / Course Number / Section / Title	Credit/Unit:	Drop □

**POLICIES:** A full-time employee (or his/her spouse) of a member institution of the Lehigh Valley Association of Independent Colleges may enroll in two (2) undergraduate courses each semester at any Association member Institution without paying tuition. Any special fees normally charged by the host institution to its employees (or their spouses) also will be charged to employees (or their spouses) of the other member institutions. Each host institution will determine whether or not the person making application qualifies for such purposes. Employees (or their spouses) from other institutions will be admitted only as space in the course desired is available after all regular students and employees (and their spouses) from the host institution have had an opportunity to register. NO independent study, tutorial, internship, audits, music lessons, other individualized instruction courses, or other exclusions as determined by the host institution benefits. Online courses may be taken by eligible employees during fall/spring and summer sessions; summer fees apply (online course registration is not available to employee spouses).

Eligible employee/staff cross registration for summer term is available for the employee only. Eligible spouse and dependants may cross register for fall and spring regular term only. Such students are responsible for the appropriate tuition and fees during summer terms and will be billed directly by the host institution.

## I AGREE TO THE ABOVE POLICY:

Student Signature:	Date:	
INSTITUTION OF EMPLOYMENT APPRO	<u>) )VALS</u> :	
(signature	registrar: REGISTRAR:	
	ution where student is <u>enrolled</u> in degree or other approved program	
Advisor:	Date:	
Home Registrar:	Date:	
Conditions: Major Credit Minor Credit _	Elective Credit Other	
	Dept. Chair:	
HOST INSTITUTION APPROVALS: (Ins		
Instructor:	(If required)	
Registrar:	Date:	