

Southern Illinois University Carbondale/Southern Illinois University Edwardsville  
**APPLICATION FOR INTERCAMPUS REGISTRATION**

**Student Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Previous (if any) \_\_\_\_\_ Preferred First Name \_\_\_\_\_

**University ID number:**

800xxxxxx

**Date of Birth:**

MM/DD/YYYY

**Email Address:**

Home Campus Email

**Student Address:**

Number and Street

City, State, ZIP

**Phone Number:**

Allow Text Messages \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Domestic phone numbers only. You may opt out at any time by replying STOP to any message.

**HOME CAMPUS – (WHERE I AM CURRENTLY ENROLLED)**  
(check one)

Southern Illinois University Carbondale  
 Southern Illinois University Edwardsville

**GUEST CAMPUS – (WHERE I WANT TO TAKE THE COURSE(S) LISTED BELOW)**  
(check one)

Southern Illinois University Carbondale  
 Southern Illinois University Edwardsville

**Course Registration Information:**

CRN	Department Abbreviation	Course Number	Section Number	Credit Hours

**TERM:**  
(Indicate one)

\_\_\_\_\_ FALL SEMESTER                  20\_\_\_\_\_

\_\_\_\_\_ SPRING SEMESTER              20\_\_\_\_\_

\_\_\_\_\_ SUMMER SEMESTER            20\_\_\_\_\_

**Advisor Authorization:**

Student is pursuing a degree at home campus indicated above. Student is in good academic standing and is eligible for study at the home campus. Student has met the prerequisite requirements as listed in the undergraduate catalog for each course listed. Student is approved to take listed courses at the guest campus.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Advisor Email

\_\_\_\_\_  
Date

**Student Agreement:**

I acknowledge that I have discussed course enrollment at the guest campus with my home campus advisor in regard to credit applicability toward my degree. I agree to abide by the registration policies and course availability limitations at the guest campus. I approve of the sharing of final grades and academic transcripts between the two campuses.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

**HOST CAMPUS INFORMATION:**

Host Registrar Signature:	Date of Confirmed Process/Registration:
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**GUEST CAMPUS INFORMATION:**

Form Rec'd Date:	Affiliate Acct Created:
Student Notified:	Instructor Notified: