



# DOMINICAN SCHOOL OF PHILOSOPHY & THEOLOGY

## CROSS-REGISTRATION FORM

For selection of courses offered Outside of DSPT  
by Member Schools of the GTU

THIS FORM IS ONLY FOR DSPT STUDENTS WISHING TO ENROLL IN  
A COURSE OR COURSES OFFERED BY ANOTHER CENTER OR SCHOOL OF THE GTU

Enter your information below along with the GTU course information for those classes you hope to take this semester. Submit the completed form to the DSPT Registrar during open registration. Keep in mind that some courses have limited enrollment and will be first come, first served. You will be notified by the DSPT Registrar with the results of your submission as soon as those become available.

**SEMESTER:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Advisor: \_\_\_\_\_

### CROSS-REGISTRATION COURSE #1

Course Name: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Section: \_\_\_\_\_ Credits: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor School: \_\_\_\_\_

Choose One:

Restricted Course?  If restricted course, instructor written consent must accompany this form.

### CROSS-REGISTRATION COURSE #2

Course Name: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Section: \_\_\_\_\_ Credits: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor School: \_\_\_\_\_

Choose One:

Restricted Course?  If restricted course, instructor written consent must accompany this form.

### CROSS-REGISTRATION COURSE #3

Course Name: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Section: \_\_\_\_\_ Credits: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor School: \_\_\_\_\_

Choose One:

Restricted Course?  If restricted course, instructor written consent must accompany this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** A minimum of one-third coursework must be done at DSPT for most of our programs. Consult your program checklist or speak with your Advisor if you are unsure of your specific program requirements.

### OFFICE USE ONLY

Approved by Affiliate School?    Y    N    **Date Student Notified:** \_\_\_\_\_

**DSPT Registrar:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office of the Registrar

510-883-2056

2301 Vine Street, Berkeley, CA 94708

registrar@dspt.edu