

State System of Higher Education Course Sharing Form for Current PASSHE Students



Part I: To be filled out by student applying to take a course at another PASSHE university.

Are you enrolled at your home campus during the course share semester? Yes No

First Name: _____ Middle: _____ Last Name: _____

University/Local Address: _____ Cell / Day Phone : _____

E-mail Address: _____ Date of Birth _____

Legal/Permanent Address: _____

Legal PA Resident? Yes/County _____ No

Student's Home University: _____ Student ID Number _____

Name of university you wish to take the course: _____

Academic Term: Fall / Spring / Summer Year: _____

Student's Signature: _____ List course(s) below you intend to enroll in through PASSHE course sharing. When complete, email this form to your Advisor or Department Chairperson.

Home University Course Equivalency Course name and number (ENG101)	Teaching University Course Information			
	Course name, number (ENG101)	Number of Credits	Registrars: Is course on <i>Approved List</i> ?	
			Yes	No
			Yes	No
			Yes	No

Please provide the reason for each course you would like to take at a different university:

_____ Date _____

Advisor or Department Chair Acknowledgment

_____ Date _____

Dean - Institutional Signatory

Part II: The information listed in Part I is accurate and has been verified by the student's home university and the student has been registered for the equivalent course at the home university.

Registrars: Confirm approvals above _____ Date _____

Home University Registrar Signature

Part III: The student has been registered for the course at the teaching university.

Scheduled _____ Date _____

Teaching University Registrar Signature

Teaching University Registrar: Email a copy of this form to Home University Registrar and student, and notify appropriate staff to provide access to necessary information systems (Email, SIS, D2L)

Student acknowledgment: My signature acknowledges that I have spoken with my advisor or department chair and have determined how this course fulfills my requirements; understand that if the course is not approved for sharing, I will be billed for this course by the teaching institution; and authorize the release of my transcript by the teaching university to my home university. I understand that the grades will be accepted in full by my home university, be applicable towards my declared program, and will be included in my home university credits, GPA, and residency.