



The SouthEastern Pennsylvania Consortium for Higher Education

SEPCHE CROSS REGISTRATION FORM

Course Information:

SEPCHE Institution hosting requested course:

Arcadia Cabrini Chestnut Hill Holy Family Neumann Rosemont Salus

Semester: ___ Fall ___ Spring _____ Year

Course Name: _____ Number: _____ Credits: _____

Student Information

Name: _____ SSN _____ ID # _____

Class Level: _____ Email: _____ Date of Birth _____

Home College/University _____ Phone (Campus): _____ (Cell): _____ (Home) _____

Address (Campus): _____ (Home) _____

Gender: M F Ethnicity: _____

Signature _____ Date: _____

Approvals:

Advisor: _____ Date: _____ Home Course Equiv. #. _____

Deap/Division Head _____ Date: _____
(if required)

| For Office Use: | |
|---------------------------------------|---------------------|
| Date faxed to host institution: _____ | By (Initials) _____ |
| Date entered in host system: _____ | By (Initials) _____ |
| Date entered in home system: _____ | By (Initials) _____ |
| Date Withdrawn: _____ | By (Initials) _____ |

| <u>SEPCHE:</u> | <u>Fax</u> | <u>Phone</u> |
|----------------|--------------|--------------------|
| Arcadia: | 215-572-2126 | 215-572-2104 |
| Cabrini: | 610-902-8309 | 610-902-8546 |
| Chestnut Hill: | 215-242-7714 | 215-248-7117 |
| Holy Family: | 215-281-9067 | 215-637-4851 |
| Neumann: | 610-361-5304 | 610-558-5635 |
| Rosemont: | 610 526-2984 | 610-527-0200 x2307 |
| Salus: | 215-780-1523 | 215-780-1317 |