



Cross-Institutional
EDUCATION
AGREEMENT

Champlain College

Rebecca Peterson, Registrar
P.O. Box 670
Burlington, Vermont 05402
Phone: (802) 860-2777
Fax: (802) 860-2774
registrar@champlain.edu
www.champlain.edu

Saint Michael's College

David Barrowclough, Registrar
One Winooski Park
Colchester, Vermont 05446
Phone: (802) 654-2571
Fax: (802) 654-2690
OfficeOfTheRegistrar@smcvt.edu
www.smcvt.edu

Course Enrollment

Step 1: Student Information

Home Institution:

- Champlain College
- St Michael's College

Name

Birth Date

Social Security Number

E-mail Address

Local Address

City, State, Zip

Daytime Phone Number

Step 2: Course Information

Institution Offering Course (Champlain College, St Michael's College)

Course Title

Course Number

Number of Credits

Step 3: Student Understanding & Signature

- I have read and accept the terms of this cross-registration agreement. I hereby request a copy of my transcript be released to the host institution. I also request that upon completion of the course my transcript be sent from the host institution to my home institution. If Burlington College is the host institution, I also request a letter grade to supplement the narrative evaluation.

Student's Signature

Date

Step 4: Home Institution Approval

Department Chair's Signature (indicating that the course meets program requirements)

Date

Registrar's Signature (indicating that student is at least three-quarter time and in good acad) Date

(Please attach a copy of student's transcript)

Step 5: Host Institution Information

- Champlain College
- St Michael's College

Registrar's Signature

Date

(After signing, please send a copy of this completed form to the home institution)