



# The SouthEastern Pennsylvania Consortium for Higher Education

## SEPCHE CROSS REGISTRATION FORM

### Course Information:

SEPCHE Institution hosting requested course:

   Arcadia    Cabrini    Chestnut Hill    Gwynedd Mercy    Holy Family    Immaculata    Neumann    Rosemont

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. #. \_\_\_\_\_

Dean/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Date Withdrawn: _____	By (Initials) _____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
Gwynedd Mercy:	215-641-5580	267-448-1436
Holy Family:	215-281-9067	215-637-4851
Immaculata:	610-647-7073	610-647-4400 x3008
Neumann:	610-361-5304	610-558-5635
Rosemont:	610 526-2984	610-527-0200 x2307