THE PEABODY PREPARATORY

CROSS REGISTRATION FORM
(For Full-time University Students Only)
This form must be submitted with an application to complete registration.
(Cross-registration is applicable to fall or spring semesters only).

Student Information:

☐ Fall 20___  ☐ Spring 20___

Social Security Number

☐ Mr.  ☐ Mrs.  ☐ Ms.

_________________________  _______________________

Last Name  First Name  M.I.

Local Address

_________________________

City, State, Zip Code

Local Phone Number

Home Division:  ☐ Arts & Sciences  ☐ School of Engineering  ☐ School of Medicine

☐ SAIS (International Studies)  ☐ Peabody Conservatory  ☐ School of Public Health

Email Address

Title of Course:

Individual Instruction: ____________________________

Class: ______________________  Class: ______________________

Division Registrar’s Use Only:

This student meets all the requirements as a full-time student and may be enrolled in the Peabody Preparatory.

Please use the University Seal for verification:

_________________________  ______________________

Registrar’s Signature  Date

Business Office Use Only:

Total Tuition Cost: ______________ Balance Due: ______________

Discount: ______________________  I.D. Number: ______________