Registrar's Office

Undergraduate Cross-Registration at Wellesley

Name: _____ Date: _____

MIT ID: _____ Email: _____

Phone: _____ Term: Fall _____ Spring _____
Year Year

Fill in the following information exactly as indicated. Incomplete forms will not be accepted.

CRN	Course	Course title	Letter grade, Jr-Sr P/D/F, or Listener	MIT units
Eg. 1339	**PE 661-B**	**Beginning Yoga**	**Letter grade**	**12**

Note: No more than one half of your registration for the term may be taken in cross-registered subjects.

Approved: _____
MIT faculty advisor

3. Make a copy of the signed form. Submit one copy to the Wellesley Registrar's Office and the other copy to MIT Student Services Center, Room 11-120.