HECCMA
HIGHER EDUCATION CONSORTIUM OF CENTRAL MASSACHUSETTS

Please type:

CROSS-REGISTRATION DROP/WITHDRAWAL FORM

_____   _____
LAST NAME   FIRST NAME   M.I.   DATE

_____   _____
STUDENT'S HOME INSTITUTION   HOME STUDENT ID NUMBER

_____   _____
COURSE TITLE AND NUMBER   STUDENT E-MAIL ADDRESS

_____   _____
HOST INSTITUTION   SEMESTER

                                                            _____
                                                            HOST STUDENT ID NUMBER

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION: DROP ❐   WITHDRAWAL ❐

_____   _____
REGISTRAR'S SIGNATURE (HOST INSTITUTION)   DATE

COPIES SENT TO: ❐ HOME INSTITUTION   ❐ STUDENT