

**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: \_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_ SSN \_\_\_\_\_ ID # \_\_\_\_\_

Class Level: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Campus): \_\_\_\_\_ (Home): \_\_\_\_\_

Address (Campus): \_\_\_\_\_ (Home) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approvals:**

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ Home Course Equiv. #. \_\_\_\_\_

Dean/Division Head \_\_\_\_\_ Date: \_\_\_\_\_  
(if required)

<b>For Office Use:</b>	
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Date Withdrawn: _____	By (Initials) _____

<b><u>SEPCHE Fax numbers:</u></b>	
Arcadia:	215-572-2126
Cabrini:	610-902-8309
Chestnut Hill:	215-242-7714
Gwynedd-Mercy:	215-641-5580
Holy Family:	215-281-9067
Immaculata:	610-647-7073
Neumann:	610-361-5304
Rosemont:	610 526-2984