State System of Higher Education Course Sharing Form for Current PASSHE Students



Part I: To be filled out by student applying to take a course at another PASSHE university.

Are you enrolled at your home campus durir	ng the course share seme	ester? Yes	No	
First Name: Middle:		Last Name:	Last Name:	
University/Local Address:		Cell/Day Phone		
E-mail Address:		Date of Birth:	Date of Birth:	
Legal/Permanent Address:				
Legal PA Resident?		Stuc	Student ID Number	
Name of university you wish to take the	course:			
Academic Term: Fall / Spring /S	<u>ummer</u> Year: _			
Student's Signature:		List course(s) below yo	u intend to enroll in through PASSHE	
course sharing. When complete, email this	form to your Advisor o	r Department Chairpo	erson.	
Home University Course Equivalency	Teaching University Course I		Information	
Course name and number	Full Course name	Number of Credits	Course number and section number	
My signature acknowledges that I have spoke fulfills my requirements; understand that I will transcript by the teaching university to my home university, be applicable towards my declared pr	be billed for this course by university. I also understa	my home university; and that the grades will b	nd authorize the release of my oe accepted in full by my home	
Advisor or Department Chair Ac		Date		
Dean - Institutional Sign		Date		
Part II: The information listed in Part I is a student has been registered for the equi		•	nt's home university and the	
AcknowledgedH	ome University Registrar Sigr	nature	Date	
Part III: The student has been registered	for the course at the tea	aching university.		
☐ Scheduled		,		
Teaching University Registrar Signature			Date	

<u>Teaching University Registrar</u>: Email a copy of this form to Home University Registrar and student, and notify appropriate staff to provide access to necessary information systems (Email, SIS, D2L)