

# 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 during the course share semester? ☐ Yes ☐ No

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

University/Local Address: \_\_\_\_\_ Cell/Day Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal/Permanent Address: \_\_\_\_\_

Legal PA Resident? ☐ Yes/County \_\_\_\_\_ No ☐

Student's Home University: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Name of university you wish to take the course: \_\_\_\_\_

Academic Term: Fall / Spring / Summer Year: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ List course(s) below you intend to enroll in through PASSHE course sharing. When complete, email this form to your Advisor or Department Chairperson.

Home University Course Equivalency (Course name and number)	Teaching University Course (Course name and number)	Comments

My signature acknowledges that I have spoken with my advisor or department chair and have determined how this course fulfills my requirements; understand that I will be billed for this course by my home university; and authorize the release of my transcript by the teaching university to my home university. I also understand that the grades will be accepted in full by my home university, be applicable towards my declared program, and will be included in my home university credits, GPA, and residency.

\_\_\_\_\_  
Advisor or Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

## Part II: The information listed in Part I is accurate and has been verified by the student's home university and the student has been registered for the equivalent course at the home university.

Acknowledged

\_\_\_\_\_  
Home University Registrar Signature

\_\_\_\_\_  
Date

## Part III: The student has been registered for the course at the teaching university.

☐ Scheduled

\_\_\_\_\_  
Teaching University Registrar Signature

\_\_\_\_\_  
Date

**Teaching University Registrar:** 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)