



OFFICE OF THE
University Registrar

Consortium Application for:

Fisk: _____ Fisk Dual Degree: _____ Fisk Bridge: _____ Meharry: _____

Last Name First Name Middle Name

Student's ID number Date of Birth Place of Birth

Address Phone

Email Citizenship If not a U.S. citizen, list VISA type Sex (M or F)

Check term for which you are applying (Year 20 _____):

- Checkboxes for Fall, Spring, Maymester, First Summer, Second Summer, Other

Have you ever applied to Vanderbilt University before? (check one) YES NO If yes, when?__

Have you ever attended to Vanderbilt University before? (check one) YES NO If yes, when?__

**Have you ever been suspended or expelled from a school? (check one) YES NO

**Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? (check one) YES NO

[Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

**If you answered "yes" to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

Are you Hispanic / Latino? No Yes

What is your race?

- Form with checkboxes for American Indian / Alaska Native, Asian, Black / African American, Native Hawaiian / Oth Pacific Island, White, Two or more races

Vanderbilt course and
section number requested:

Vanderbilt course title:

Home school course number:

I hereby agree to be bound by all policies, procedures, and regulations of Vanderbilt University, both those presently existing and those subsequently amended or adopted, including the Honor System.

I certify that all information submitted in the admission process is my own work, factually true, and honestly presented. If I provide false information, I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree.

Signature of Student

Date

Advisor Signature

Date

Please return the form to your home school registrar. Obtain the signature of your home school registrar below:

Name and Signature of Home School Registrar

Date

Processed by: _____

Date: _____



Belmont University

Cross-Registration Form

If you are requesting to take classes at Belmont and would like register for your Spring or Fall courses, please remember to submit the following:

- 1. Fisk University Cross Registration Form*
- 2. Fisk University Letter of Good Standing from the Office of the Registrar*
- 3. Your list of desired Belmont courses (class title, CRN, and section #)*
- 4. Belmont University Non-Degree Seeking Application (This step is for student who have skipped at least one semester or have never attended Belmont University through the Cross-Registration Program.)*

First Name: _____ Middle Initial: ___ Last Name: _____

Phone Number: _____ Fisk E-mail: _____

Classification (please check one): ___ Freshman ___ Sophomore ___ Junior ___ Senior

Major: _____ Semester of Enrollment: _____

Fisk ID: A00000-_____

Belmont Course Number & Section	Belmont Course Title	Belmont Credit Hours

Total Hours: _____

Students Signature: _____

Faculty Approval

Advisor Signature: _____ Date: _____

Dept. Chair Signature: _____ Date: _____

Fisk University
Office of the Registrar
615.329.8586
registrar@fisk.edu

CROSS REGISTRATION FORM

Watkins College of Art & Design

NAME: _____

SSN: _____

PHONE: _____

FSK EMAIL: _____

CLASSIFICATION: _____

MAJOR: _____

SEMESTER/YEAR: _____

CAMS ID: _____

COURSE NO/SECTION	COURSE TITLE	CREDIT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	TOTAL HOURS	_____

STUDENT SIGNATURE

DATE

APPROVALS

ADVISOR'S SIGNATURE

DATE

DEPT. CHAIR SIGNATURE

DATE

This form is submitted to Belmont University by the Registrar's Office.