

Semester Students Wishing to Enroll in a Quarter Course Application Form for Cross-Calendar Registration - Instructions

The Semester Students Application Form for Cross-Calendar Registration is to be used by semester students who seek to enroll in quarter coursework for an upcoming term.

The form must have the signatures of the student, Dean or Director of the student's program, Dean or Director of the department offering the desired course, and instructor of the desired course in order to be processed. Graduate students must also obtain a signature from a representative within Drexel University's Graduate College.

Enrolling in Quarter Term Course(s) as a Semester Student

Semester students may only request to enroll in quarter term courses that will progress them towards degree. The student's DegreeWorks audit will be reviewed to ensure that the requested course will progress the student towards degree. Once the Independent Study course is added, the student's advisor must make any needed exceptions in DegreeWorks.

Financial Aid

A 4.5 credit minimum threshold must be met during any given term to be eligible for financial aid. However, cross-calendar credits are on the student's semester reporting and do count towards the 4.5 credit minimum. As with any program, a drop below that threshold will result in withdrawal of financial aid. When registered for cross-calendar coursework, a student must also be registered for another course in their plan of study.

Deadline Information

All fields must be completed, with all signatures submitted no later than the prescribed deadline in order to be reviewed for processing.

	Fall Quarter Enrollment Application	Winter Quarter Enrollment Application	Summer Quarter Enrollment Application
21 Calendar Days Prior to Start of Term, Before 12:00 P.M.	✓		✓
28 Calendar Days Prior to Start of Term, Before 12:00 P.M.		✓	

Enrollment Confirmation

Student, advisor and instructor will receive an email from the Office of the University Registrar confirming registration. Instructor will also receive grading instructions for reciprocal section.



**Semester Students Wishing to Enroll in a Quarter Course
Application Form for Cross-Calendar Registration**

Student Information

Last Name:		First Name:		
University ID:		Email:		
College/School:		Program & Major Codes:		
Indicate Home Campus: <input type="checkbox"/> Center City <input type="checkbox"/> University City <input type="checkbox"/> Online		Indicate Host Course Campus: <input type="checkbox"/> Center City <input type="checkbox"/> University City <input type="checkbox"/> Online		
Term Requested: <input type="checkbox"/> Fall Quarter <input type="checkbox"/> Winter Quarter <input type="checkbox"/> Summer Quarter				
Request to Enroll in the Following Course:				
Subject/Course (i.e., ACCT 101)	Section	5-Digit CRN#	Credit Value	Course Title

Home Department Approval (By Dean or Program Director)

Requested Course Above Will Be Used in Lieu of (Subject/Course):

Subject/Course (i.e., ACCT 101)	Course Title	
Credit Value Assigned to Requested Course on Home Campus	<p>Calculation Conversion hours assigned as follows: Quarter to semester=.667 semester credits for each quarter credit completed, rounded to lesser of 0.5 credit increments. (Examples: 4 quarter credit = 2.5 semester credits, 3 quarter credits = 2 semester credits.)</p>	Credit Value:
Student Advisor Name: _____		
By signing below, department understands it must ensure student's DegreeWorks record is updated by advisor with any necessary exceptions for this course.		
Approval Signature: _____	Printed Name: _____	
Title: _____	Date: _____	

Host Department Approval (By Dean/Director/Department Head and Teaching Instructor)

Dept Approval Signature: _____	Printed Name: _____
Title: _____	Date: _____
Instructor Signature: _____	Printed Name: _____
Date: _____	

Graduate College Approval (For Graduate Students)

Approval Signature: _____	Printed Name: _____
Title: _____	Date: _____

Registrar Use Only

RCIP Course/Section/CRN:	DeL Code:	RCIP College Code:	RCIP Dept Code:	SSAOVRR Update	Registration Date:	Student Emailed	Instructor Emailed	Scanned Into NOLIJ
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No