



PLEASE PRINT LEGIBLY

Last Name: Treacy First Name: Meghan Middle Initial: L

*Social Security #: 072 - 84 - 7215 Student ID#: U00265583 DOB: 02/17/1995

**Personal student information is treated confidentially and consistent with the Family Educational Rights and Privacy Act (FERPA), the NYS Cyber Security Policy P03-002: Information Security Policy, and is compliant with NYS General Business Law Section 399-ddd.*

E-mail Address: treacym@sunyit.edu

Permanent Address: <u>4 Queen Anne Lane</u>		County: <u>Dutchess</u>	
City: <u>Wappingers Falls</u>	State: <u>NY</u>	Zip: <u>12590</u>	Phone: <u>(845) 709-7291</u>
Local Address: <u>625 Residential Drive Box 378</u>		County: <u>Oneida</u>	
<u>Utica NY 13502</u>			

Cross-Registration Semester: Fall: ☒ Spring: ☐ Year: 2016
 Have you previously cross-registered at host institution? Yes ☐ No ☒

Have you ever been convicted of a felony? Yes ☐ No ☒
 Have you ever been dismissed/suspended from a college for disciplinary reasons? Yes ☐ No ☒

Name of SUNY Home Institution: SUNY Polytechnic Institute - Utica

Name of SUNY Host Institution: Empire State College

SUNY Host Institution Course# and Section#	SUNY Host Institution Course Title	SUNY Host Institution Credit Hours (limit six (6) credits)	SUNY Home Institution Course Equivalency – to be completed by the home institution.	Credit Hours at SUNY Home Institution
BME-213914-01X	Consumer Behavior	4.00	MKT465 Consumer Behavior	4.00

All Signatures below are REQUIRED

I have read and understood the terms and conditions of this cross-registration agreement (on the reverse side). By signing I give permission for the Host institution to share course information with the Home institution. I am also aware that enrollment changes may impact my eligibility for financial aid for the current term and/or future terms. I will consult my Financial Aid Office regarding academic eligibility for financial aid, including satisfactory academic progress standards.

Student Signature: [Signature] Date: 9/29/16

Advisor/Chair/Dean Signature (discretion of home campus): [Signature]

The above student is in good academic standing and is expected to be a full-time student for the term in question. I recommend approval of this request based on the course equivalents and credit hours above.

Home Institution Signature: _____ Title: _____ Date: _____

Host Institution Signature: _____ Title: _____ Date: _____

HOME ID: _____ HOST ID: _____
 Date: _____ Date: _____
 Initials: _____ Initials: _____
 Denied: _____ Reason: _____
 SUNY Cross-Registration Agreement
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