

Cross Registration at MIAD - Undergraduate

Purpose: Used ONLY by Marquette University Undergraduate Students to enroll in courses at MIAD.

Student Instructions

- 1. Complete Sections 1 & 2 of this form, using a computer.
 - a. information provided on this form will be shared with MIAD.
 - b. a handwritten form will not be accepted.
 - c. an incomplete form will not be processed and returned to you for completion.
- 2. Print the form using the 'Print Form' button.
- 3. Sign the form in Section 3; a digital signature is **not** acceptable.

4. Submit the completed form and all required documents via one of the methods indicated at the bottom of this form no later than November 15 (for spring term) or April 15 (for fall

term). If approved and space permits, the Office of the Registrar register you for the requested FIAR classes.

Section 1: Student Information

Name Last name, Fir	st name, Middle n	name							
Permanent A street, city, sta									
			SSN			Email			@marquette.edu
Date of Birth <i>MM/DD/YYYY</i>			Legal Sex	Female	Male	Another Legal Sex	Phone		
Emergency Contact: Name				Relationship to You			Phone		
MU College	/ School			MU Majo	r		MU Minor		
Expected Gr	aduation Term	(Term/Year)							
Have you tak	en Observatior	nal Drawing 1	/Systems of Drawing o	Visual Dynamics	1/Visual Langua	age at MIAD? Yes	No No		
Reason for M	IIAD Registratio	on (check on		Art Graphic Design					
Have you de	clared your Min	ior in your co	llege? Yes	No					
			enroll. You will be give	en a permission nu	mber for your p	referred section if space pern	nits. Please list a	acceptable alter	nate sections in case your
Course 1:	Subject:	FIAR	Catalog Number:		Preferred	Section:	Credits: 3		
Alt. Section 1: A		Alt. Section 2:	Ν	MIAD Course (see 'Notes' section on Snapshot)					
Course 2:	Subject:	FIAR	Catalog Number:		Preferred	Section:	Credits: 3		
Alt. Section 1: A		Alt. Section 2:		MIAD Course (see 'Notes' section on Snapshot)					

Section 3: Student Signature/Statement

I hereby request enrollment in the courses indicated above. I understand that I am responsible to complete all the required work and follow the academic calendar, including MIAD institutional break periods (which may differ from Marquette University breaks), for the courses into which I register.

Signature _		Date
	FOR OFFICE OF THE REGISTRAR	USE ONLY
	Student notified via Marquette email	Form and Approval/Denial MIAD email scanned to ImageNow

Hand Deliver: Marquette Central, Zilber Hall, 121, 1250 West Wisconsin Avenue, Milwaukee, WI 53233 Mail: Marquette University, Zilber Hall, 221, P.O. Box 1881, Milwaukee, WI 53201-1881 Email: otrdocs@marquette.edu