

UNIVERSITY OF CALIFORNIA, BERKELEY

MILITARY AFFAIRS PROGRAM CROSS-REGISTRATION APPLICATION

**STUDENT INSTRUCTIONS**

1. Obtain a copy of the Military Affairs Program Cross-Registration Application at your home campus or at the Military Affairs Office at UCB.
2. Obtain campus approvals at your home institution as required below.
3. After home institution approvals have been obtained, return the form to your instructor. This action, which completes your enrollment, should be done by the end of the third week of classes at UCB.
4. If you wish to add, drop, or withdraw from a course, you must observe deadlines at the host institution to do so. You are subject to its regulations and penalties for missing deadlines.

HOME CAMPUS: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
Number Street City State Zip Code

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

GENDER: MALE / FEMALE DOB \_\_\_\_\_

CLASS STANDING: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

TERM & YEAR: FALL 2017

TITLE OF COURSE TO BE TAKEN AT UCB: TRAINING MANAGEMENT & THE WARFIGHTING FUNCTIONS

CLASS NUMBER: 18129 COURSE NUMBER: 131 SECTION NUMBER: \_\_\_\_\_

DAY & TIME: F 12-3 P UNITS: 3 INSTRUCTOR: TROTTER, L

**SIGNATURES OF APPROVAL**

\_\_\_\_\_  
HOME CAMPUS – REGISTRAR DATE

\_\_\_\_\_  
HOST CAMPUS (UCB) – INSTRUCTOR DATE

\_\_\_\_\_  
HOST CAMPUS (UCB) - DEPARTMENT CHAIRMAN DATE

\_\_\_\_\_  
HOST CAMPUS (UCB) – CERTIFYING OFFICER (Registrar’s Office) DATE

UCB SID# \_\_\_\_\_