

Cross-Registration Submission

Date: [Insert Date]

[Recipient's Name]
[Recipient's Title]
[Institution's Name]
[Institution's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally submit a request for cross-registration as part of our inter-institutional cooperation program. As a [Your Position] at [Your Institution's Name], I believe this opportunity will enhance collaborative learning and promote academic exchange between our institutions.

Details of the proposed cross-registration are as follows:

- Student Name: [Student's Name]
- Course Title: [Course Title]
- Course Code: [Course Code]
- Term/Year: [Term/Year]

We appreciate your consideration of this request and look forward to your affirmative response. Please feel free to contact me at [Your Email] or [Your Phone Number] should you require any further information.

Thank you for your cooperation.

Sincerely,
[Your Name]
[Your Position]
[Your Institution's Name]
[Your Institution's Address]
[City, State, Zip Code]