

Approval for Cross-Registration Application

Date: [Insert Date]

To: [Student's Name]
[Student's Address]
[City, State, Zip Code]

Dear [Student's Name],

We are pleased to inform you that your application for cross-registration at [Institution Name] for the [Semester/Term Year] has been approved.

You may proceed with the necessary steps to register for the following courses:

- [Course Name 1] - [Course Code 1]
- [Course Name 2] - [Course Code 2]

Please ensure that you meet all prerequisites and comply with the registration deadlines.

If you have any questions or require further assistance, do not hesitate to contact the registrar's office at [Contact Information].

Congratulations, and we wish you success in your studies!

Sincerely,

[Your Name]
[Your Position]
[Institution Name]
[Contact Information]