## **Consortium Registration Form**



Consortium of Universities of the Washington Metropolitan Area

Today's date:			2	Semester/Year:						DO YOU EXPECT TO GRADUATE AT THE END OF THE TERM?			
na,											Yes	□No	
Gender Last Name			0			First Name				Middle Initial		ID Number	
			C	I						ID IVul		ID INUIIDEI	
Date of Birth Daytime pho					phone # Email address				Major				
Spe		Required? Tyes		)									
Ę		Undergraduate 🗆 Freshman				nan   🗆 Sophomore   🗆 Junior   🗆 Senior							
LEVEL		Graduate	□ Masters   □ Doctorate										
Π		Law											
						Homein	otitutio	<b>^</b>					
	American University			Home institution:							Gallaudet	University	
		•	on University			George Washington University						vn University	
	Howard University				Marymount University						0	,	
		· ·				rthern VA Community College					Montgomery College National Defense Universit		
<ul> <li>Natl. Defense Intel. College</li> <li>Prince George's Comm. College</li> </ul>			0		Trinity University						University		
	UMD – College Park				Uniformed Services Univ. of the Health Sciences						Oniversity	01 DC	
	J				UIII0III	ieu Servico			1 Sciences				
Dept. & Course # "Session" Section No. Co			Cour	urse Title				Semester Hours	Level of (	Credit		Not valid for identification without Consortium Stamp and initial	
Dept. & Course #									Underg	ergrad			
									🗌 Gradu	ate			
										0			
									🗌 Gradu	ate			
									🗆 Undergrad				
							🗆 Gradu			ate			
					T	/isited Ir	etitutio	n.					
American University				Visited Institution:            Catholic University							Gallaudet	University	
George Mason University			<del> </del> _		George Washington University						Georgetown University		
Howard University			Ē	Marymount University						Montgomery College			
□ Natl. Defense Intel. College				Northern VA Community College							National Defense University		
Prince George's Comm. College			e F	Trinity University							University of DC		
□ UMD – College Park				<ul> <li>Uniformed Services Univ. of the Health Sciences</li> </ul>							_		
		0								1			
Adi	ministrative	e Approval											
P.o.~	istror / Cas	rdinator (signature)		Date			Chairperson/Advisor (Signat			1ro)		Date	
Registrar / Coordinator (signature) Student					Date Chairper			JEISOII/ AUVI	sor (signati	ше)		Date	
otu													
Sign	nature			Date Dean (Signature)					Date				

## INTRUCTIONS FOR THE STUDENT

- 1. Complete all data items on this form, copying full course data from the appropriate Schedule of Classes.
- 2. Check "level of Credit" to indicate whether course credit is to be applied to an undergraduate or graduate level at the visited institution.
- 3. Obtain academic and administrative approvals as prescribed by home institution.
- 4. Complete home institution's registration or change of registration procedure.
- 5. Receive and retain a copy of this form with initialed consortium stamp for use to obtain an ID card for library purposes and to display to instructor at the first class meeting.

## INSTRUCTIONS FOR THE INSTRUCTOR AT THE VISITED INSTITUTION

- 1. Have student present Consortium Registration Form bearing initialed consortium stamp to verify authorization to enter specific class.
- 2. Enter student's name and home institution on your class roster. Student's name will appear on a class roster issued later by the Registrar's Office of your institution.