

Consortium Registration Form



Consortium of Universities of the
Washington Metropolitan Area

Today's date:		Semester/Year:		DO YOU EXPECT TO GRADUATE AT THE END OF THE TERM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> M	<input type="checkbox"/> F				
Gender		Last Name		First Name	
Date of Birth		Daytime phone #		Email address	
				Major	
Special Services Required? <input type="checkbox"/> Yes <input type="checkbox"/> No					

LEVEL	<input type="checkbox"/>	Undergraduate	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
	<input type="checkbox"/>	Graduate	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
	<input type="checkbox"/>	Law	

Home institution:

<input type="checkbox"/>	American University	<input type="checkbox"/>	Catholic University	<input type="checkbox"/>	Gallaudet University
<input type="checkbox"/>	George Mason University	<input type="checkbox"/>	George Washington University	<input type="checkbox"/>	Georgetown University
<input type="checkbox"/>	Howard University	<input type="checkbox"/>	Marymount University	<input type="checkbox"/>	Montgomery College
<input type="checkbox"/>	Natl. Defense Intel. College	<input type="checkbox"/>	Northern VA Community College	<input type="checkbox"/>	National Defense University
<input type="checkbox"/>	Prince George's Comm. College	<input type="checkbox"/>	Trinity University	<input type="checkbox"/>	University of DC
<input type="checkbox"/>	UMD – College Park	<input type="checkbox"/>	Uniformed Services Univ. of the Health Sciences		

Dept. & Course # "Session"	Section No.	Course Title	Semester Hours	Level of Credit	Not valid for identification without Consortium Stamp and initial
				<input type="checkbox"/> Undergrad	
				<input type="checkbox"/> Graduate	
				<input type="checkbox"/> Undergrad	
				<input type="checkbox"/> Graduate	
				<input type="checkbox"/> Undergrad	
				<input type="checkbox"/> Graduate	

Visited Institution:

<input type="checkbox"/>	American University	<input type="checkbox"/>	Catholic University	<input type="checkbox"/>	Gallaudet University
<input type="checkbox"/>	George Mason University	<input type="checkbox"/>	George Washington University	<input type="checkbox"/>	Georgetown University
<input type="checkbox"/>	Howard University	<input type="checkbox"/>	Marymount University	<input type="checkbox"/>	Montgomery College
<input type="checkbox"/>	Natl. Defense Intel. College	<input type="checkbox"/>	Northern VA Community College	<input type="checkbox"/>	National Defense University
<input type="checkbox"/>	Prince George's Comm. College	<input type="checkbox"/>	Trinity University	<input type="checkbox"/>	University of DC
<input type="checkbox"/>	UMD – College Park	<input type="checkbox"/>	Uniformed Services Univ. of the Health Sciences		

Administrative Approval

Registrar / Coordinator (signature)		Date	Chairperson/Advisor (Signature)		Date
Student					
Signature		Date	Dean (Signature)		Date

INSTRUCTIONS 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.



CONSORTIUM PERMISSION FORM

Student's Name: _____ **GNumber:** _____

E-Mail Address: _____ **Degree Program:** _____

TO THE STUDENT:

After you have obtained the appropriate approval signatures, return this form **and** the Consortium Registration Form to the Office of the University Registrar.

Reason for Requesting Registration in a Consortium course: _____

Semester/Year of Enrollment: _____
Semester Year Name of Visited Institution

Number of Hours: _____ Course Number and Title: _____

TO THE DEPARTMENT:

The above student is requesting permission to take a course through the Washington Consortium of Universities. Courses can be taken at the following institutions: American University, Catholic University, Gallaudet University, George Washington University, Georgetown University, Howard University, Marymount University, Trinity Washington University, University of the District of Columbia, and University of Maryland. If approved, these courses will appear on the George Mason University transcript. This course will be considered resident credit and the grade will factor into the GPA. By approving this registration, you are approving application of this course toward the student's degree program. **You must determine if this course has a Mason equivalent or if it should be assigned elective credit.**

REQUIRED

Mason Equivalent of course listed above: _____
 (If no course is equivalent, an elective course will automatically be assigned. Ex MBA 7---)

_____ Recommended _____ Not Recommended _____
Student's Advisor Date

_____ Recommended _____ Not Recommended _____
Student's Department Chair Date

_____ Approved _____ Not Approved _____
Student's Dean Date