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? ☐ Yes ☐ No

☐ M ☐ F				
Gender	Last Name	First Name	Middle Initial	ID Number

Date of Birth	Daytime phone #	Email address	Major

Special Services Required? ☐ Yes | ☐ No

LEVEL		
☑	Undergraduate	☐ Freshman | ☐ Sophomore | ☐ Junior | ☐ Senior
☐	Graduate	☐ Masters | ☐ Doctorate
☐	Law	

Home institution:

☐	American University	☐	Catholic University	☐	Gallaudet University
☐	George Mason University	☐	George Washington University	☐	Georgetown University
☐	Howard University	☐	Marymount University	☐	Montgomery College
☐	Natl. Defense Intel. College	☐	Northern VA Community College	☐	National Defense University
☐	Prince George's Comm. College	☐	Trinity University	☐	University of DC
☐	UMD – College Park	☐	Uniformed Services Univ. of the Health Sciences	☐	UMD Global Campus

Dept. & Course # "Session"	Section No.	Course Title	Semester Hours	Level of Credit	Not valid for identification without Consortium Stamp and initial
				☐ Undergrad ☐ Graduate	
				☐ Undergrad ☐ Graduate	
				☐ Undergrad ☐ Graduate	

Visited Institution:

☐	American University	☐	Catholic University	☐	Gallaudet University
☐	George Mason University	☐	George Washington University	☐	Georgetown University
☐	Howard University	☐	Marymount University	☐	Montgomery College
☐	Natl. Defense Intel. College	☐	Northern VA Community College	☐	National Defense University
☐	Prince George's Comm. College	☐	Trinity University	☐	University of DC
☐	UMD – College Park	☐	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.