

New York Theological Consortium Cross-Registration Form

Fordham University, Graduate School of Arts and Sciences and Graduate School of Religion and Religious Education • Union Theological Seminary in the City of New York • The General Theological Seminary of the Episcopal Church • St. Vladimir's Orthodox Theological Seminary • New York Theological Seminary • Hebrew Union College – Jewish Institute of Religion • The Jewish Theological Seminary

Student:

1. Please print all information.
2. Sign Acknowledgement below.
3. FIRST, contact the Consortium Coordinator at your Home Institution for instructions on completing administrative matters there.
4. If necessary, contact the Consortium Coordinator at the Host Institution for instructions on completing administrative matters there.
5. Get signatures in the order listed, **including the signature of, or electronic documentation of permission granted by, the course instructor.**
6. Keep a copy of this form for your records. Return the original copy to the authorized registrar at your Institution.

PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Student ID #: _____ Date of Birth _____

Street Address _____

City: _____ State: _____ Zip: _____

Home Institution E-mail Address _____ Phone # _____

HOME INSTITUTION INFORMATION

Home Institution: _____

Department or Division: _____ Degree Currently Pursuing: _____

Term Started in Program: Fall Spring Summer Year _____

Home Institution Chair or Program Director/Advisor (Signature) _____ Date _____

Home Institution Consortium Coordinator (Signature) _____ Date _____

This is a student in good standing at the home institution: YES _____ NO _____

HOST INSTITUTION INFORMATION

Have you previously taken a Consortium Course at the Host Institution? Yes No

Term for Consortium Course Enrollment: Fall Spring Year _____

Host Institution: _____ Department and Division: _____

Course #/ Section # _____ Course Title: _____ Course Credits: _____

Host Institution Faculty Member (Signature or Statement of Electronic Permission) _____ Date _____

Host Institution Consortium Coordinator (Signature) _____ Date _____

*** I ACKNOWLEDGE THAT I WILL ABIDE BY THE CODE OF CONDUCT AT THE HOST INSTITUTION.**

*** By signing below, I, (print name) _____, authorize the host institution to release my academic transcript to the Consortium Coordinator and any of his/her designees at my home institution after the final grade has been posted to my record. I grant Consortium Coordinators at my home and host institutions the permission to release, disclose, and discuss any and all of my records and information in their possession with each other. I do so knowingly and voluntarily.**

Student Signature _____ Date _____

To **DROP THIS COURSE**, sign below and submit this copy to the Host Institution. In addition, please follow your Home Institution's guidelines regarding withdrawing and/or dropping the course.

Student Signature _____ Date _____