Inter-University Doctoral Consortium Registration Form
Columbia University / Fordham University / Graduate Center, CUNY / New York University
New School for Social Research / Princeton University / Rutgers University /
Stony Brook University / Teacher’s College, Columbia University

Instructions for the Inter-University Doctoral Consortium Registration Form

Student:
1. Please print all information.
2. Contact the IUDC Coordinator’s Office at the Home School for instructions on completing administrative matters there FIRST.
3. If necessary, contact the IUDC Coordinator’s Office at the Host School for instructions on completing administrative matters there. Please review instructions at IUDC website: http://www.nyu.edu/gsas/Programs/IUDC.html
4. Make 2 copies of this form: 1 for the Host School and 1 for your own records. Return the original copy to the IUDC Coordinator’s Office at the Home School.

PERSONAL INFORMATION

Last Name ___________________________ First Name ________________________ MI ______
Student ID # ___________________________ Term Started in Program: Fall / Spring (please circle) 20 __ __ *
Date of Birth ___________________________ Term for IUDC Course Enrollment: Fall / Spring (please circle) 20 __ __
Address ________________________________
Home School E-mail Address ___________________________ Phone # __________________________

*NOTE: To be eligible, students must be within seven years of full-time study (or the equivalent) from the date of first enrollment.

HOME SCHOOL INFORMATION

Home School: ___________________________ Have you completed one full year of enrollment or the equivalent? YES or NO (please circle)
Department or Division: ___________________________ Degree (consortium is for doctoral students only): ☐ Ph.D. ☐ Ed.D.
Home School Chair or Program Director/Advisor (Signature) ___________________________ Date ___________
Home School IUDC Coordinator (Signature) ___________________________ Date ___________
This is a student in good standing at the home institution: please check [ ].

HOST SCHOOL INFORMATION

Host School: ___________________________ Department and Division: __________________________
Course #/Section # ___________________________ Course Title: ___________________________ Course Credits: ________
Host Instructor (Signature) ___________________________ Please Print Name ___________________________ Date ___________
Host School IUDC Coordinator (Signature) ___________________________ Date ___________

TO DROP THIS COURSE, SIGN BELOW AND SUBMIT THIS COPY TO THE HOST UNIVERSITY. IN ADDITION, PLEASE FOLLOW YOUR HOME SCHOOL’S GUIDELINES REGARDING WITHDRAWING AND/OR DROPPING THE COURSE.

Student Signature ___________________________ Date ___________

I AUTHORIZE THE RELEASE OF MY ACADEMIC TRANSCRIPT TO THE IUDC COORDINATOR AT MY HOME INSTITUTION AFTER THE FINAL GRADE HAS BEEN POSTED TO MY RECORD.

Student Signature ___________________________ Date ___________

[See attached contact information.]