

Office Use Only

## CONSORTIUM REGISTRATION FORM

### Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Student ID#: \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Gender  F  M Citizenship  USA  Other \_\_\_\_\_

### Address

LOCAL \_\_\_\_\_ PERM \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email \_\_\_\_\_@corcoran.edu Email \_\_\_\_\_

**Academic Information** Year: \_\_\_\_\_ Semester (check one):  Fall  Spring  Summer

AFA	BA	BFA		BFA/MAT5 (Undergrad)		Class Level if Bachelors	MA	MAT
<input type="checkbox"/> Digital Media	<input type="checkbox"/> CAMC	<input type="checkbox"/> Digtl Med	<input type="checkbox"/> Interior Des	<input type="checkbox"/> Digtl Med	<input type="checkbox"/> Interior Des	<input type="checkbox"/> Foundation	<input type="checkbox"/> Art Educ	<input type="checkbox"/> Art Educ
<input type="checkbox"/> Fine Art	<input type="checkbox"/> TSP	<input type="checkbox"/> Fine Art	<input type="checkbox"/> Photo	<input type="checkbox"/> Fine Art	<input type="checkbox"/> Photo	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Photojournal	<input type="checkbox"/> 5 <sup>th</sup> Year
<input type="checkbox"/> Graphic Des	<input type="checkbox"/> Writing	<input type="checkbox"/> Grph Des	<input type="checkbox"/> Photojournal	<input type="checkbox"/> Grph Des	<input type="checkbox"/> Photojournal	<input type="checkbox"/> Junior		
<input type="checkbox"/> Photography						<input type="checkbox"/> Senior		

### Consortium Institutions:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> American University  | <input type="checkbox"/> George Mason University      | <input type="checkbox"/> Howard University    | <input type="checkbox"/> Univ. of the District of Columbia |
| <input type="checkbox"/> Catholic University  | <input type="checkbox"/> Georgetown University        | <input type="checkbox"/> Marymount University | <input type="checkbox"/> UMD – College Park                |
| <input type="checkbox"/> Gallaudet University | <input type="checkbox"/> George Washington University | <input type="checkbox"/> Trinity University   |  |

### ADD

**ATTACH A DETAILED COURSE DESCRIPTION AND SCHEDULE FOR EACH COURSE TAKEN IN ORDER TO SECURE DEPARTMENTAL APPROVAL.**

Course Code	Section	Course Title	Day(s)	Time(s)	Credits	Corcoran Equivalent
ENG100	01	SAMPLE COURSE	M/W	9:30-1	3	AS1000

### DROP/WITHDRAW

Course Code	Section	Course Title	Day(s)	Time(s)	Credits	Corcoran Equivalent

Submission of this form indicates that you have read Consortium Registration policies for the Corcoran as well as the host institution indicated above, and accept the financial and academic responsibility that the registration holds. You understand that your registration in the above Consortium class(es) is contingent upon the visited institution's acceptance of my registration. In addition, you authorize the Corcoran to release relevant academic records and/or personally identifiable information to the Host Institution indicated above in order to secure my registration in this course. Form due two weeks prior to the start of the visited institution's term.

### Required Signatures

Student Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Department Head \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Associate Provost \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### Required Signature/Special Permission

\*Faculty/Department permission from visited institution may be required if a course has a pre-requisite or is full.

Special Permissions/Office Use Only: