



Clark University Graduate Physics Program  
and  
Worcester Polytechnic Institute



**CONSORTIUM REGISTRATION FORM**

**Instructions:** Complete this form and obtain necessary approvals from home institution. Take completed form to the Registrar's Office at the partner institution. Please note you may be required to fill out additional forms and furnish documentation to the partner institution.

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Home School ID \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Sex ☐ M ☐ F ☐ X  
Citizenship ☐ US Citizen ☐ Permanent Resident ☐ Dual Citizen ☐ Non-US Citizen (specify country) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Home Institution ☐ Clark University ☐ WPI Major \_\_\_\_\_ Degree \_\_\_\_\_  
Have you been a student at the partner institution in the past? ☐ Yes ☐ No

**COURSE INFORMATION**

Partner School ☐ Clark University ☐ WPI  
Semester (e.g. Fall 2017) \_\_\_\_\_ Term (if applicable, WPI courses only) ☐ A ☐ B ☐ C ☐ D  
Course Subject-Number-Section (e.g. MA 514-191) \_\_\_\_\_  
Course Title \_\_\_\_\_ Credits/Units \_\_\_\_\_  
Course Meetings days and Time (e.g. MW 12:00-1:15) \_\_\_\_\_  
Faculty Approval Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Only required if course is closed or special permission is needed – attaching an email with approval is an acceptable substitute for signature)

**STUDENT SIGNATURE**

By signing this form, I certify that I have reviewed course prerequisite/requirement information and that I will adhere to the policies/dates on home and partner campuses for adding/dropping/withdrawing courses. If I choose to drop the course, I will notify both campuses no later than the official course drop deadline of the partner institution. I understand that I will be registered at both institutions and will be charged for the course(s) at my home institution. I also agree to allow the partner institution to release my grade(s) to the home institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Obtain signatures from your home institution before attempting to cross-register

**CLARK APPROVALS**

\_\_\_\_\_  
Graduate Program Director Date  
\_\_\_\_\_  
Registrar Date

**WPI APPROVALS**

\_\_\_\_\_  
Advisor/Graduate Coordinator/Dept. Chair Date  
\_\_\_\_\_  
Registrar Date

Course will appear on home school's records as \_\_\_\_\_ Credits/Units \_\_\_\_\_

Partner Registrar: Send copy of form and student schedule with partner school ID to home registrar. Date completed \_\_\_\_\_