



CONSORTIUM REGISTRATION FORM

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

STUDENT INFORMATION

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

COURSE INFORMATION

Host School UMass Medical 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 _____

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 host campuses for adding/dropping courses. If I choose to drop the course, I will notify both campuses no later than the official course drop deadline of the host 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 host institution to release my grade(s) to the home institution.

Signature _____ Date _____

UMASS APPROVALS

Graduate Program Director Date

Graduate Dean/Rep Date

WPI APPROVALS (WPI Students – obtain before going to UMass)

Advisor/Graduate Coordinator/Dept. Chair Date

Registrar Date

Host Registrar: Send copy of form and student schedule with host school ID to home registrar. Date completed _____

Home Registrar: Consortium Course Number _____