



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
 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 _____