

# UNIVERSITY OF SCRANTON

## CONSORTIUM REGISTRATION



Office of the Registrar  
 2300 Adams Avenue  
 Scranton, PA 18509  
 Phone: (570) 348-6280  
 Fax: (570) 961-4758  
 E-mail: registrar@marywood.edu  
 Website: www.marywood.edu

### Conditions Regarding Consortium Registration

- Registration is available to degree-seeking undergraduate students
- Students may register for a maximum of six (6) credits through the consortium per calendar year
- Unlike transfer credits from other colleges, grades earned through consortium registration with the University of Scranton are calculated into a student's QPA.
- Students will receive a course schedule from the University of Scranton
- University of Scranton academic calendar, withdrawal dates, and institutional policies will apply to registered courses
- Upon completion, a transcript will automatically be sent to Marywood University.

All information is required to process the registration.

### Student Information

Male  
 Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name                                      First Name                                      Initial                                      Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
 Street Address                                      City                                      State                                      County                                      Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
 Preferred Contact Phone Number                                      E-Mail Address                                      Student Identification Number

*Marywood University is sometimes asked to provide statistical data on race and ethnicity in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972.*

1. In order to respond we ask you to answer the following:  Hispanic or Latino(a)                                       Not Hispanic or Latino(a)

2. Also, please check one or more of the following:  Asian                                       White  
 American Indian or Alaska Native                                       Black or African American                                       Native Hawaiian or other Pacific Islander

### Course Information (To be completed by the student and his/her academic advisor or program chairperson)

The course(s) listed below are recommended to meet the following Marywood University requirement.

Session     Fall     Intersession     Spring     Summer I     Summer II

University of Scranton Course Information						Marywood Course Information	
Department	Course Number	CRN	Section	Credit	Title	Course Equivalent	Chairperson Signature

### Student Certification

I affirm that I have read the above stated policy regarding consortium registration and understand and accept these conditions.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

### Administrative Certification

This is to certify that the student identified above is currently enrolled at Marywood University and meets the conditions regarding consortium registration. The student is granted permission to pursue the course(s) listed above.

\_\_\_\_\_  
 Signature of Student Advisor or Department Chairperson

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of University Registrar

\_\_\_\_\_  
 Date

### Office Use Only

Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Registration Confirmed: \_\_\_\_/\_\_\_\_/\_\_\_\_