

Consortium Registration Form

Office of the Registrar



UNIVERSITY OF ST. THOMAS

Date: _____

Name: _____

Student ID# _____

Signature: _____

Phone Number: _____

CONSORTIUM REGISTRATION INSTRUCTIONS:

Please read and initial each box to acknowledge your understanding of your enrollment responsibilities.

ADD initial <input type="checkbox"/>	DROP initial <input type="checkbox"/>	CANCEL initial <input type="checkbox"/>
Upon receipt of this registration form, you will be enrolled at UST and a request will be made for registration at the consortium school. Registration at UST does not guarantee registration at the consortium school. Once registration is accepted, the consortium school will contact you directly via your UST email account with pertinent information about the course.	If you decide not to attend, it is your responsibility to drop the course at both UST and the consortium school. You must adhere to the drop/withdrawal deadlines set forth by the consortium school.	If you are notified by the consortium school that the course has been cancelled, it is your responsibility to drop the course at UST.

ENROLLMENT INFORMATION:

Enter the year: FALL _____ SPRING _____ SUMMER I _____ SUMMER II _____

COURSE INFORMATION: List the course information for the consortium school in the top row and the corresponding UST course in the second row.

	Course Subject	Catalog Number	Section	Course Name
Consortium info				
UST info				

DEPARTMENT APPROVAL:

Department Chair Name

Signature

Date

Registrar Office: Consortium Course Requested _____ Date: _____

Eff. 09/17/2020