



**OFFICE OF THE UNIVERSITY REGISTRAR**

2300 Adams Avenue  
Scranton, PA 18509  
P: 570.348.6280 | F: 570.961.4758  
E: registrar@marywood.edu | W: www.MARYWOOD.edu

**IMMACULATA UNIVERSITY CONSORTIUM REGISTRATION**

**Conditions Regarding Immaculata University Consortium Registration**

- Registration is available to degree-seeking undergraduate students.
- Unlike transfer credits from other colleges, grades earned through the consortium registration with Immaculata University are calculated into a student's QPA.
- Students will pay Marywood tuition for the course(s). No additional tuition or fees will be billed to the student by Immaculata University.
- Students will receive log in credentials from Immaculata University.
- Immaculata University 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**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
( ) \_\_\_\_\_  
Preferred Contact Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Student Identification Number \_\_\_\_\_  
Gender  Female  Male

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 Latinx  Not Hispanic or Latinx  
2. Also, please check one or more of the following:  Asian  White  Two or More Races  
 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  Spring

Immaculata University Course Information				
Course Number	CRN	Section	Credit	Title

Marywood Course Information	
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 \_\_\_\_\_

**Office Use Only**

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