



**OFFICE OF THE
UNIVERSITY REGISTRAR**
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Scranton, PA 18509
P: (570) 961-7816 OR 1-877-346-3552
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MARYWOOD UNIVERSITY CONSORTIUM REGISTRATION

Conditions Regarding Marywood University Consortium Registration

- Registration is available to degree-seeking undergraduate students during the Fall and Spring semesters.
- Students may register for up to three credits per semester (fall and spring).
- Students will pay Lackawanna tuition for the course(s).
- Students will receive log in credentials from Marywood University.
- Marywood University academic calendar, withdrawal dates, and institutional policies will apply to registered courses.
- Upon completion, a transcript will automatically be sent to Lackawanna College.

All information is required to process the registration.

Student Information

Last Name	First Name	Initial	Date of Birth (MM/DD/YYYY)
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Street Address	City	State	Postal Code
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Preferred Contact Phone Number	E-Mail Address	Student Identification Number	
<hr/>			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		

Lackawanna College 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 Lackawanna College requirement.

Session ☐ Fall ☐ Spring

Marywood University Course Information					Lackawanna Course Information	
Department	Course Number	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 Lackawanna College 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: ____/____/____