



**OFFICE OF THE  
UNIVERSITY REGISTRAR**

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**LACKAWANNA COLLEGE  
CONSORTIUM REGISTRATION**

**Conditions Regarding Lackawanna College Consortium Registration**

- Registration is available to degree-seeking undergraduate students during the Fall and Spring semesters.
- Unlike transfer credits from other colleges, grades earned through the consortium registration with Lackawanna College are calculated into a student's QPA.
- Students will pay Marywood tuition for the course(s).
- Students will receive log in credentials from Lackawanna College.
- Lackawanna College 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)
<hr/>			
Street Address	City	State	Postal Code
<hr/>			
( )			
Preferred Contact Phone Number	E-Mail Address	Student Identification Number	
<hr/>			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> 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

Lackawanna College Course Information		Marywood Course Information	
Course Number (Example: ACC 101 AA)	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 \_\_\_\_\_

**Office Use Only**

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