

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: ____/____/____