

Consortium Registration Authorization

For American University Students Seeking to Cross-Register at a Consortium Institution

Student Name (Last, First, MI): _____ Student ID: _____

Email Address: _____ Contact Phone Number: _____

☐ Graduate or ☐ Undergraduate Major: _____ Graduation Date: _____

Registration for Semester ☐ Fall ☐ Spring ☐ Summer Year: _____ Date of Birth: _____

<input type="checkbox"/> Catholic University	<input type="checkbox"/> Howard University	<input type="checkbox"/> Uniformed Services University of the Health Sciences (PhD students only)
<input type="checkbox"/> Gallaudet University	<input type="checkbox"/> Marymount University	<input type="checkbox"/> University of the District of Columbia
<input type="checkbox"/> George Mason University	<input type="checkbox"/> National Intelligence University	<input type="checkbox"/> Univ. of Maryland – College Park(UMD)
<input type="checkbox"/> George Washington University	<input type="checkbox"/> Prince George's Community College	<input type="checkbox"/> Univ. of Maryland Global Campus(UMGC)
<input type="checkbox"/> Georgetown University	<input type="checkbox"/> Trinity Washington University	<input type="checkbox"/> Wesley Theological Seminary
<input type="checkbox"/>		

Enter Course & Section of Visited School

Enter CRN if visited school uses one

Enter Credit Hours:

Enter Grade Type: ☐ A-F ☐ P/F

Enter Course's Title:

ADVISOR: PLEASE ENTER DEPARTMENT AT AMERICAN UNIVERSITY MOST CLOSELY ASSOCIATED WITH THE ABOVE COURSE OR CHECK BOX

Department/Program: _____

☐ Check box if course isn't associated with an AU department or program. Please provide an explanation in the Exceptions section below for VP review.

ADVISOR APPROVAL

I HEREBY CERTIFY THAT THE ABOVE COURSE OR EQUIVALENT IS NOT OFFERED AT AMERICAN UNIVERSITY. IF IT IS, PLEASE SIGN, PROVIDE EXPLANATION AND SEND TO THE VPUG/OGS.

Advisor: Print Name: _____ Sign: _____ **Date:** _____

☐ Advisors should check if this course or an equivalent or a substantially similar course IS offered at American University but taking the AU Course will adversely extend the time to degree. In this circumstance, the Department Chair signature is not necessary, but approval is needed from the Vice Provost or designee. Please provide details in the Exceptions section below.

DEPARTMENTAL/SCHOOL APPROVAL

I HEREBY CERTIFY THAT I REPRESENT THE ACADEMIC DISCIPLINE THAT IS MOST CLOSELY ALIGNED WITH THE CONTENT OF THE COURSE OFFERED AT THE PARTNER INSTITUTION. I CERTIFY THAT THE ABOVE COURSE, OR EQUIVALENT, IS NOT OFFERED AT AMERICAN UNIVERSITY. I ALSO CERTIFY THAT THE CONTENT OF THIS COURSE IS SUBSTANTIALLY DIFFERENT FROM ANY COURSE CURRENTLY OFFERED AT AMERICAN UNIVERSITY.

Department Chair/Dean: (in field of study) Print: _____ Sign: _____ **Date:** _____

EXCEPTIONS TO CONSORTIUM POLICIES OR PROCEDURES: APPROVAL OF THE VICE PROVOST NEEDED

Please provide an explanation if either of the last two boxes were checked. If enrollment in the consortium course conflicts with any of the policy or procedures listed on the next page, please provide a justification. Additional pages may be attached.

Vice Provost's or Designee's signature _____ **Date:** _____

For class schedule information and course descriptions
refer to the Consortium web site: www.consortium.org

CONSORTIUM REGISTRATION POLICIES AND PROCEDURES

POLICIES:

1. Students are guided by the policies and deadlines of the home institution.
2. Consortium registration can be confirmed only after classes begin at the visited school.
3. To participate in consortium cross-registration, students must be eligible for enrollment at American University and accepted in a degree program. *Non-degree students are not permitted to take courses through the consortium.*
4. Students are not permitted to register for courses through the consortium which are offered at American University. Neither undergraduate nor graduate students are permitted to enroll for courses whose content is substantially the same as courses offered at AU.
5. Credits earned through the consortium are considered residence credits and thus fulfill academic requirements of the University (excluding AU Core, University Mathematics, and College Writing requirements).
6. Courses that do not carry degree credit at the visited school will not be counted for degree credits at American University. American University will not honor credits earned through consortium cross registration for any course that is considered a non-credit course.
7. Auditing courses through the consortium is not permitted.
8. Independent study projects, tutorial, institute courses, off campus courses, and non-credit courses are excluded from consortium cross-registration.
9. Faculty/Staff tuition remission does not apply to courses taken through the consortium. However, with the approval of the respective Dean, graduate students awarded fellowships may use their tuition remission towards consortium registration.
10. Students will be charged the American University tuition rate for consortium courses. All special fees for consortium courses must be paid by the student at the visited school.
11. Students are expected to follow the regulations governing academic integrity and personal conduct at visited institutions.
12. Students enrolled at two or more consortium institutions are not eligible to participate in consortium registration at those institutions.

PROCEDURES:

1. Submission of a completed form is not a guarantee that registration will occur. Seats are subject to availability at the visited institution.
2. All students must obtain the necessary signatures for the form to be processed.
3. If the course at the visited school has a prerequisite, it is the responsibility of the student to obtain written permission from the visited school's instructor or department designee to be able to register in the course. The visited institution may deny enrollment if permission is not obtained, even if the student has completed American University's registration procedures.
4. Students registering for consortium courses that require special fees must pay any additional fees at the visited school. (See the Schedule of Classes published by the visited school.)

I HAVE READ THE ABOVE INFORMATION AND HEREBY ACKNOWLEDGE THAT I WILL ABIDE BY ALL UNIVERSITY RULES AND REGULATIONS GOVERNING CONSORTIUM REGISTRATION POLICIES AND PROCEDURES AS STIPULATED ABOVE.

STUDENT SIGNATURE

DATE