

New York Theological Group Cross-Registration Form

Fordham University Graduate School of Arts and Sciences/ Hebrew Union College – Jewish Institute of Religion /
New York Theological Seminary / St. Vladimir's Orthodox Theological Seminary / The General Theological Seminary /
Union Theological Seminary in New York City

Instructions for the New York Theological Group Cross-Registration Form

Student:

1. Please print all information.
2. Sign Acknowledgement below.
3. FIRST, contact the authorized registrar at your Home School for instructions on completing administrative matters there.
4. If necessary, contact the authorized registrar at the Host School for instructions on completing administrative matters there.
5. Get signatures in the order listed.
6. Make **3 copies** of this form: 1 for the Host School, 1 for the Home School, and 1 for your own records. Return the original copy to the authorized registrar at the Home School.

PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Student ID #: _____ Date of Birth _____

Street Address _____

City: _____ State: _____ Zip: _____

Home School E-mail Address _____ Phone # _____

HOME SCHOOL INFORMATION

Home School: _____

Department or Division: _____ Degree Currently Pursuing: _____

Term Started in Program: Fall Spring Summer Year _____

Home School Chair or Program Director/Advisor (Signature) _____ Date _____

Home School Consortium Coordinator (Signature) _____ Date _____

This is a student in good standing at the home institution: YES _____ NO _____

HOST SCHOOL INFORMATION

Have you previously taken a Consortium Course at the Host school? Yes No

Term for Consortium Course Enrollment: Fall Spring Year _____

Host School: _____ Department and Division: _____

Course #/ Section # _____ Course Title: _____ Course Credits: _____

Host Instructor (Signature) _____ Please Print Name _____ Date _____

Host School Consortium Coordinator (Signature) _____ Date _____

***I ACKNOWLEDGE THAT I WILL ABIDE BY THE CODE OF CONDUCT AT THE HOST INSTITUTION.**

***I AUTHORIZE THE RELEASE OF MY ACADEMIC TRANSCRIPT TO THE CONSORTIUM COORDINATOR AT MY HOME INSTITUTION AFTER THE FINAL GRADE HAS BEEN POSTED TO MY RECORD.**

Student Signature _____ Date _____

To **DROP THIS COURSE**, sign below and submit this copy to the Host University. In addition, please follow your Home School's guidelines regarding withdrawing and/or dropping the course.

Student Signature _____ Date _____