

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

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 Street Address City State County Postal Code

Male
 Female

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 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: ___/___/___