CORCORAN
COLLEGE *of* ART + DESIGN

Office Use Only _____

PowerCAMPUS ID _____

CONSORTIUM REGISTRATION FORM

Year: _____ **Semester** (check): [ ] Fall [ ] Spring [ ] Summer

Student Information:

Name: _____ S.S. #: _____-_____-_____

Birth Date: ____/____/_____ Gender: □ Female □ Male Citizenship: □ USA □ Other _____ Visa _____

Local Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: □ Cell □ Local (_____) _____-_____ E-mail Address: _____@corcoran.edu

Degree:

AFA □ Digital Media Design □ Fine Art □ Graphic Design □ Interior Design □ Photography

BFA □ Digital Media Design □ Fine Art □ 5-yr Fine Art/Teaching
□ Graphic Design □ Interior Design □ Photography □ Photojournalism
Class Level: □ Freshman □ Sophomore □ Junior □ Senior

MA □ MA/Art Education □ MAT/Art Education

Consortium Institutions:

[ ] American University	[ ] George Mason University	[ ] Howard University	[ ] Trinity University
[ ] Catholic University	[ ] Georgetown University	[ ] Marymount University	[ ] University of DC
[ ] Gallaudet University	[ ] George Washington University	[ ] Southeastern University	[ ] UMD - College Park

ADD

Please attach a detailed course description and schedule for each course taken in order to secure departmental approval.

Course Code	Section	Course Title	Day(s)	Times	Corcoran Equivalent	# of Credits

DROP/WITHDRAW

Course Code	Section	Course Title	Day(s)	Times	Corcoran Equivalent	# of Credits

Required Signatures

* form due two weeks prior to the start of the visited institution's term.

I have read the Consortium Registration policies for the Corcoran as well as the host Consortium institution indicated above, and accept the financial and academic responsibility that the registration holds. I understand that my registration in the above Consortium class(es) is contingent upon the visited institution's acceptance of my registration. In addition, I authorize the Corcoran to release relevant academic records and/or personally identifiable information to the Host Institution indicated above in order to secure my registration in this course.

Student's Signature: _____ Date: ____/____/_____

Department Head Signature: _____ Date: ____/____/_____

Associate Dean of Enrollment's Signature: _____ Date: ____/____/_____

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