

Hebrew Union College-Jewish Institute of Religion and New York University

Consortium Registration Form

Instructions for Form

1. Please Print or Type all information.
2. Contact the Consortium Coordinator at your Home Institution for instructions on completing administrative matters there FIRST.
3. Contact the Consortium Coordinator at the Host Institution for instructions on completing administrative matters there.
4. Make 2 (two) copies of this form: 1 for the Host Institution and 1 for your record.
5. Return the original copy to the Consortium Coordinator at your Home Institution.

Contact Information

NEW YORK UNIVERSITY

Li Cao
gsas.consortium@nyu.edu
 Office of Academic and Student Affairs
 New York University
 6 Washington Square North, 2nd Floor
 New York, NY 10003
 Phone: (212) 998-3716

HEBREW UNION COLLEGE-JEWISH INSTITUTE OF RELIGION

Mo Ringer
registrar@huc.edu
 Office of the Registrar
 Hebrew Union College- Jewish Institute of Religion
 One West Fourth Street
 New York, NY 10012
 Phone: (513) 487-3054

Personal & Home Institution Information

First Name:		Last Name:	
Date of Birth:		Phone:	
Home Institution:		Student ID#:	
College Email:		Department:	
Mailing Address:		Legal Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
		Degree:	<input type="checkbox"/> Doctoral <input type="checkbox"/> Master's

Host Institution & Course Information

Host Institution:		Course Term:	
Department:		Course Number:	
Course Title:		Course Section:	
Meeting Time (Day, Hour):		Credits:	

Advisor & Instructor Permissions (Please sign and date)

Home Institution Department Chair/Program Advisor:		Date:	
Home Institution Coordinator:		Date:	
Course Instructor:		Date:	
Host Institution Coordinator:		Date:	

AUTHORIZATION TO RELEASE TRANSCRIPT

By signing below, you authorize the release of a copy of your academic transcript to the Consortium Coordinator at your Home Institution after the final grade has been posted to your record.

Student Signature: _____ Date: _____