



**Office of the Registrar
Consortium Form**

**** READ INSTRUCTIONS CAREFULLY ****

1. Please print and complete all sections.
2. Consortium students may only take GRADUATE level courses within the consortium agreement.
3. Complete Host School section including the course(s) you wish to register for.
4. Obtain instructor's signature for that course.
5. Take completed form to Host School's Registrar's Office for approval.
6. Send completed form to HUC-JIR Registrar for processing.

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: _____ Phone Number: _____

Email Address: _____ Campus: _____ Major/Program: _____

Term/Year: ____ Fall ____ Spring ____ Summer

Host School Information:

Name of Host School:

Dept.: _____ Course #: _____ Sec. #: _____ Course Title: _____

Instructor's Signature: _____ Units: _____

Dept.: _____ Course #: _____ Sec. #: _____ Course Title: _____

Instructor's Signature: _____ Units: _____

As a consortium student, I authorize the appropriate staff members of the financial aid, business and registrar offices at Hebrew Union College Jewish Institute of Religion and the Host School to exchange information necessary to process my application. I understand that I must follow the Host School's policies regarding adding/dropping courses. I authorize the release of my transcript to the HUC-JIR Registrar's Office after the final grade has been posted to my record.

Student Signature: _____ Date: _____

Approved (Signature of Host School): _____ Date: _____

Approved (Signature Registrar): _____ Date: _____