Consortium Registration Form

Office of the Registrar

Date: ________________

Name: ________________________________  Student ID# ________________________________

Signature: ________________________________  Phone Number: ________________________________

A. Consortium Registration Form Instructions:

Please read sections B, C, and D before initialing each box to acknowledge your understanding of the printed information.

B. ☐ ADD

Upon receipt of this registration form, you will be enrolled at UST and a request will be made for registration at the consortium school. Registration at UST does not guarantee registration at the consortium school. Once registration is accepted, the consortium school will contact you directly via your UST email account with pertinent information about the course.

C. ☐ DROP

If you decide not to attend it is your responsibility to drop the course at BOTH UST and the consortium school. You must adhere to the drop/withdrawal deadlines set forth by the consortium school, which they will provide to you.

D. ☐ CANCEL

If you are notified by the consortium school that the course has been cancelled, it is your responsibility to drop the course at UST.

F. Term Information

☐ Fall 20______  ☐ Spring 20______  ☐ Summer 20_____

G. Course Information

<table>
<thead>
<tr>
<th>Course Subject</th>
<th>Catalog Number</th>
<th>Section</th>
<th>Course Name</th>
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H. After all signatures have been obtained, return the form:

In person: Herzstein Enrollment Services Center

By Mail: Enrollment Services 3800 Montrose Blvd. Houston, TX 77006

By Email: registrar@stthom.edu (from your stthom.edu account)

OFFICE USE ONLY

Consortium Course______________________________  ________________________________

Processed by___________________  Date __________

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