



UNIVERSITY  
ST. THOMAS  
HOUSTON

## 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

Course Subject	Catalog Number	Section	Course Name

### 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 \_\_\_\_\_