Inter-University Doctoral Consortium Registration Form

Columbia University / Fordham University / Graduate Center, CUNY / New York University
New School for Social Research / Princeton University / Rutgers University /
Stony Brook University / Teacher's College, Columbia University

Instructions for the Inter-University Doctoral Consortium Registration Form

Student:

1. Please print all information.
2. Contact the IUDC Coordinator's Office at the Home School for instructions on completing administrative matters there FIRST.
3. If necessary, contact the IUDC Coordinator's Office at the Host School for instructions on completing administrative matters there. Please review instructions at IUDC website: http://www.nyu.edu/gsas/Programs/IUDC.html
4. Make **2 copies** of this form: 1 for the Host School and 1 for your own records. Return the original copy to the IUDC Coordinator's Office at the Home School.

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Student ID # _____ Term Started in Program: Fall / Spring (please circle) 20 ___ ___ *

Date of Birth _____ Term for IUDC Course Enrollment: Fall / Spring (please circle) 20 ___ ___

Address _____

Home School E-mail Address _____ Phone # _____

*NOTE: To be eligible, students must be within seven years of full-time study (or the equivalent) from the date of first enrollment.

HOME SCHOOL INFORMATION

Home School: _____ Have you completed one full year of enrollment or the equivalent? YES or NO (please circle)

Department or Division: _____ Degree (consortium is for doctoral students only): ❑ Ph.D. ❑ Ed.D.

Home School Chair or Program Director/Advisor (Signature) _____ Date _____

Home School IUDC Coordinator (Signature) _____ Date _____

This is a student in good standing at the home institution: please check [ ].

HOST SCHOOL INFORMATION

Host School: _____ Department and Division: _____

Course #/Section # _____ Course Title: _____ Course Credits: _____

Host Instructor (Signature) _____ Please Print Name _____ Date _____

Host School IUDC Coordinator (Signature) _____ Date _____

TO DROP THIS COURSE, SIGN BELOW AND SUBMIT THIS COPY TO THE HOST UNIVERSITY. IN ADDITION, PLEASE FOLLOW YOUR HOME SCHOOL'S GUIDELINES REGARDING WITHDRAWING AND/OR DROPPING THE COURSE.

Student Signature _____ Date _____

I AUTHORIZE THE RELEASE OF MY ACADEMIC TRANSCRIPT TO THE IUDC COORDINATOR AT MY HOME INSTITUTION AFTER THE FINAL GRADE HAS BEEN POSTED TO MY RECORD.

Student Signature _____ Date _____

[See attached contact information.]

Contact Information

IUDC

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