

REGISTRATION REQUEST FORM

CIC ONLINE HUMANITIES PARTNERSHIP

CARLOW UNIVERSITY | SAINT VINCENT COLLEGE | URSULINE COLLEGE

SECTION 1: GENERAL INFORMATION

HOME INSTITUTION: _____

HOME STUDENT ID: _____ SSN: _____ BIRTH DATE (MM/DD/YY): _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

STREET ADDRESS

APT/BOX #

CITY

STATE

ZIP CODE

TELEPHONE: _____

EMAIL ADDRESS: _____

(Institutional address preferred; e.g., *name@homecollege.edu*)

CITIZENSHIP STATUS: U.S. Citizen Permanent Resident Non-Resident Alien Asylee/Refugee

GENDER: Male Female

RACE: Hispanic Non-Hispanic

Choose all of the following groups in which you consider yourself to be a member:

American Indian or Native American Asian Black or African American Native Hawaiian or Other Pacific Islander White

SECTION 2: REGISTRATION INFORMATION

HOST INSTITUTION: _____ Have you previously attended the Host Institution? Yes No

COURSE INFORMATION:

FIRST CHOICE: Dept	Course Title	Course #	Section	Credits/Units

SECOND CHOICE: Dept	Course Title	Course #	Section	Credits/Units

SECTION 3: SIGNATURES

STUDENT: _____ DATE _____

HOME ADVISOR: _____ DATE _____

****Please return this form to the Registrar's office at your home institution to complete the registration process. You will receive a confirmation from the host institution if you have been approved or if the course is not available. ****

FOR INTERNAL USE ONLY:

HOME REGISTRAR OR DEAN: _____ DATE _____

Date Form Rec'd: _____ Date Form Processed: _____

HOST REGISTRAR OR DEAN: _____ DATE _____

Date Form Rec'd: _____ Date Form Processed: _____ Approved Not Available

REMARKS: