



Course Registration Form for Consortium for Online Humanities 4 Credit Consortium

SECTION I: Biographic Information

Name: Last (Family): _____
First (Given): _____
First (Preferred): _____
Middle: _____

*Social Security Number: _____

Gender: Male Female Non-Binary/Other

Date of Birth (mm/dd/yy): _____

Permanent Residence:

Street 1: _____

Street 2: _____

Country: _____

Phone # (Home) _____ (Cell) _____

Email Address: _____

Home Institution: _____

Major: _____ Class Year: _____

GPA: _____

Highest Level of Education (Circle one): Current H.S Student H.S Graduate Some College
Associates Degree Bachelor's Degree Master's Degree

**The social security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the college to verify your identity for official record keeping and reporting. Your SSN will be stored in a central system and only used for official reporting and record keeping. It will not be used a primary source to identify you within the Elizabethtown College system; the Elizabethtown College ID will be used as the primary identifier.*

SECTION II: Enrollment

Enrollment Request for: Spring Fall Summer

Academic Year: _____

<u>Course Code</u>	<u>Host Institution</u>	<u>Course Title</u>	<u>Credits</u>



SECTION III: Prior Institutional Enrollment

Have you ever been dismissed or suspended for disciplinary reasons from secondary school or any other institution, **OR** are you ineligible to return to a prior institution due to a disciplinary matter?

No Yes

Is there an unresolved or pending disciplinary matter at a prior institution? No Yes

Have you ever pled guilty or no contest to, participated in a presentencing diversion program for, and/or been convicted of a criminal offense, **OR** are there criminal charges pending against you at this time?

No Yes

Have you ever been denied admission to the host college? No Yes

SECTION IV: Ethnic Background

Federal law requires that institutions of higher education gather the following information regarding the ethnicity and race of their students and employees. Your individual information will be kept strictly confidential. The law only requires institutions to report aggregate totals for each category.

Select the appropriate responses regarding your ethnicity and your race:

Is your ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?

Yes, Hispanic/Latino No, Not Hispanic/Latino

What is your race (select one or more):

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islanders
- American Indian or Alaska Native
- Unknown

SECTION V: Required Approvals

Faculty Advisor/School Official _____ Date: _____

Required Signature Home Institution _____ Date: _____

Required Signature Host Institution _____ Date: _____

After the student has obtained all of the appropriate signatures, return this form to your HOME Registrar's Office. You will receive a confirmation class schedule from the HOST institution via email.



THE COUNCIL OF
INDEPENDENT COLLEGES