

Consortium Agreement

West Liberty University | Bethany College | Wheeling University

Instructions: Student should work with assigned faculty advisor to complete this form. Section I is to be completed and signed by student. Then Section II will be completed by faculty advisor before submitting to the home institution's Registrar. Home Institution Registrar will verify student's eligibility, and then submit form to host institution Registrar for registration. Upon verified registration, the host institution will complete Section III and return to home institution for student's record and to complete the process. If at any point the eligibility of the student or the course is revoked, then each institution along with the student will be properly notified and notated on this form for the Student's record.

SECTION I: TO BE COMPLETED BY THE STUDENT

Student Name: _____
Last First Middle Preferred First Name Maiden (if applicable)

Identifiers: _____ - _____ - _____ M: M / D: D / Y: Y Y: Y Female Male
Student ID Social Security Number Date of Birth Gender

Citizenship Status: U.S. Citizen Permanent Resident Non-Resident

Contact Information	Permanent Address (Number & Street and/or PO Box)			
	City	State	Zip	Country
	Home Phone		Mobile Phone	
	Email Address			

The disclosure of the following personal data is optional. It will in no way affect your status in this agreement.

Ethnic Status
 White, Non-Hispanic
 Black, Non-Hispanic
 Hispanic
 Asian/Pacific Islander
 Amer. Indian/Alaskan
 Other

Marital Status
 Divorced
 Married
 Separated
 Single
 Widowed

By signing this consortium agreement, I (the student) agree to:
 Follow the code of conduct and academic integrity policies at the host institution.
 Comply with host institution's policy and procedures.
 Authorize the host institution and my home institution to release any required information.

Student Signature: _____ **Date:** _____

SECTION II: TO BE COMPLETED BY HOME INSTITUTION *(Institution of Origin for Student)*

Home Institution: West Liberty University Bethany College Wheeling University

Faculty Advisor: _____ **Advisor Email:** _____

Consortium Course Information					
Host Institution Course Desired			Home Institution Equivalent Course		
Subject	Course #	Section #	Subject	Course #	Section #
Title			Title		
Credits	From	To	Course Dates	Semester	

Approved by: _____
Signature of Approval Date

SECTION III: TO BE COMPLETED BY HOST INSTITUTION *(Institution of Origin for Course)*

Host Institution: West Liberty University Bethany College Wheeling University

Assigned Student ID: _____ **Course Registration Status:** Enrolled NOT Enrolled

Additional Notes or Reasoning: _____