

Tri-College Consortium Registration Form
Sweet Briar College/Randolph College/University of Lynchburg

STUDENT INFORMATION

COURSE INFORMATION

Home College	Student ID	
Last Name	First	M.I.
Date of Birth	Gender	
Student's Home Mailing Address		
City	State	Zip
Best Daytime Telephone #		
Campus Email Address		
Have you taken a course at this institution before? _____		

Institution where course is taught			
		20__-20__	
Semester		Academic Year	
Dept.	Course #	Sect.	Credit Hours
Title of Course			
Course Meeting Day(s) and Time			
Instructor's Name			
Course Equivalency at Home Institution (if any)			

Rationale for taking this course: _____

By my signature I affirm that I:

- _____ have read and agree to the regulations governing the Tri-College Consortium;
- _____ have consulted with the instructor to determine admissibility in the course;
- _____ am aware that I must make arrangements to complete work missed due to calendar differences between colleges;
- _____ am aware that I must follow the academic deadlines of the college offering the course;
- _____ acknowledge the required attendance at the Honors Assembly regarding self-scheduled exams (only for courses at Randolph)
- _____ am aware that I am responsible for arranging my own transportation between institutions;
- _____ agree to have an official transcript sent to my home institution showing the final grade(s).

Signature of Student	Date
----------------------	------

Name of Academic Advisor	Signature of Academic Advisor	Date
--------------------------	-------------------------------	------

Signature of Registrar or Dean of Home Institution	Date
--	------

PROCEDURE FOR WITHDRAWAL FROM A COURSE:

The student should file a drop or withdrawal form with the Registrar of her/his college. The Registrar will notify the institution where the course is taught of the withdrawal and the date.

DISTRIBUTION: A copy of the form will be sent to the Registrar's Office where the course is taught.