

Consortium Registration Form

Columbia, Cooper Hewitt/Parsons,
CUNY, NYU-IFA, NYU-ISAW, JTS

NOTE: Please attach a cover memo to the Graduate Committee explaining how the proposed course relates to your research interests. Include the course description and a brief biography of the faculty.

STUDENT INFORMATION

Last Name	First Name	Banner Number
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Street Address	City	State	Zip Code	Country
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Email Address	Date of Birth
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Entering Year	Number of Credits Earned to Date
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Signature	Date
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CONSORTIUM INSTITUTION INFORMATION

Institution	Academic Term and Year
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COURSE SELECTION

Course Number	Course Title	Faculty Member
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APPROVAL SIGNATURES

Advisor Signature	Date
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Consortium Institution Signature	Date
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