

D A C H E C**detroit area catholic higher education consortium****CONSORTIUM AUTHORIZATION FORM**

Name (Last, First, MI): _____

Address: _____ Home School ID#: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Soc. Sec. No. (Required): _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Home School: _____ Host School: _____

Academic Year: (Circle one) Fall Winter Spring / Summer 20_____

*The following information is requested for Federal and State statistical purposes. Responses are not required, but appreciated.*Gender: Male Female Country of Citizenship (if non-US): _____Marital Status: Single Married Widowed Divorced OtherNon-resident Alien? (check one) Yes (if yes, stop here) NoHispanic or Latino (check one) Yes NoRace (check one or more): White Black/African Am. Asian Am. Indian/Alaskan Native Native Hawaiian/other Pacific Islander

COURSE DEPT.	COURSE NUMBER	SECTION/ CODE NO.	COURSE TITLE	TIME, DAY, ROOM	CREDIT HOURS

I understand that if I drop or withdraw from any course(s), I must immediately inform the Registrar of the Host School and the appropriate person at my Home School and complete the necessary forms. I also understand that I may make no changes on this form. I understand I am responsible to the host school for any fees beyond tuition. I understand that by signing this form that I, the student, am legally obligated to pay all tuition and fees. In the event of default, the University may refer my account to a credit reporting agency, a collection agency, and/or initiate legal action to recover any outstanding debt. I understand that I am also responsible for the costs of collection including interest, penalties, collection agency fees, court costs and attorney fees.

Student Signature_____
Date

This is to certify that the above named student has permission to register for the course(s) listed above.

Dean/Registrar (Home Institution)_____
Date