

# D A C H E C

detroit area catholic higher education consortium

## CONSORTIUM AUTHORIZATION FORM

NAME: \_\_\_\_\_  
Last First Initial Soc. Sec. No. (Required)

ADDRESS: \_\_\_\_\_  
Number Street City County State Zip

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ACADEMIC YEAR:  
WORK PHONE: \_\_\_\_\_  FALL  WINTER  SPRING/SUMMER 20\_\_\_\_-20\_\_\_\_

HOME SCHOOL: \_\_\_\_\_ HOST SCHOOL: \_\_\_\_\_

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

I understand that if I 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.

\_\_\_\_\_  
Student's Signature Date

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

\_\_\_\_\_  
Authorized Signature of Dean/Registrar Date

### INSTRUCTIONS:

1. Registrar of Home School should retain original.
2. When registration is completed, Host Registrar should give student last copy (pink) and retain second copy (yellow).

WHITE: HOME SCHOOL

YELLOW: HOST SCHOOL

PINK: STUDENT