

Process for Registering a Student in a Consortium Course

A. Standard definitions

- Student:** Any full-time undergraduate student in good standing.
- Home Institution:** The Institution where the student is enrolled full time in a degree or certificate program.
- Host Institution:** The Institution where the student is taking part of his or her academic requirements through this consortium agreement.
- Consortium course:** An approved undergraduate course offered by the host institution that fulfills a need in the student's program of study.

B. Special Conditions

The student must be an undergraduate student, enrolled full time at the Home Institution, and in good standing as defined by the Home Institution. The requested one course can be no more than 4 credits (including lab, if required).

C. Process

1. The student's assigned faculty advisor will access the course offerings at the Host Institution via their home page. The faculty advisor will ensure that all prerequisites or co requisites have been met prior to moving forward with the Consortium Course registration.
2. The student will fill out Section I of the Consortium Course Form; the faculty advisor will fill out Section II. (If necessary students will have to be informed of the different academic calendars; especially seniors in the spring semester; and athletes who compete at the end of the spring semesters and how this will impact their course completion requirements.)
3. The faculty advisor will email the completed form to the Home Institution's Registrar.
4. The Home Registrar approves the form and sends it to the Host Registrar via email.
5. The Host Registrar will create a student record in the Student Information System (SIS) at the Host Institution, using a specific consortium level to identify the student as such. The Host Registrar will assign the student to the class, if appropriate, and a seat is available. The Host Registrar will then complete Section III of the Consortium Course Form and return it to the Home Registrar via email, with any notes on additional fees associated with the course listed. Tuition and fees, with the exception of any special course fees, are waived for the student.
6. The Home Registrar will forward the completed form to the student and his or her faculty advisor so both are informed of the status of the registration (enrolled or not enrolled).

7. Prior to the start of the semester, the Home Institution's Registrar will send the Director of Undergraduate Student Success (DUSS) or equivalent a list of all students enrolled in a consortium course at their institution for the upcoming semester.
8. The student attending the host institution must follow all policies and procedures as defined by the host institution. The student will be subjected to the policies and consequences of not following the policies of the host school. For example, all students must adhere to the conduct policies, the academic policies, the appeal processes, etc... The home school will honor all decisions made by the host school.
9. If at any point during the semester, the faculty member who teaches the consortium student at the Host Institution has a problem with the consortium student, he/she will contact the DUSS at the Host Institution with the concern. The DUSS at the Host Institution will contact the DUSS at the Home Institution to report the concern.
10. Upon completion of the semester at the Host Institution, the Host Registrar will run a grade report for all consortium students. This report will be emailed to the Home Registrar, who will record the grades in the Home SIS.

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: _____
Student ID
Social Security Number
Date of Birth
Gender

Female
 Male

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

Contact Information	Permanent Address (Number & Street and/or PO Box)				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">City</td> <td style="width: 15%; border: none;">State</td> <td style="width: 15%; border: none;">Zip</td> <td style="width: 30%; border: none;">Country</td> </tr> </table>	City	State	Zip	Country
	City	State	Zip	Country	
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Home Phone</td> <td style="width: 50%; border: none;">Mobile Phone</td> </tr> </table>	Home Phone	Mobile Phone		
Home Phone	Mobile Phone				
Email Address					

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

Ethnic Status <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Other	Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed
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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		
	From		To		
Credits	Course Dates			Semester	

Approved by: _____ **Date:** _____

Signature of Approval

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: _____