**Gallaudet University CUWMA Cross Registration Authorization Form**

**For All Gallaudet Undergraduate & Graduate Degree Seeking Students**

Complete all data items on this form, copying full course data from the appropriate Schedule of Classes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Today’s Date**Click here to enter a date. | **Semester** |  [ ]  Fall [ ]  Spring [ ]  Summer | **Year** |  |
| **Last Name**  |  | **First Name** |  | ***MI*** |  |
| **Gender**(X) | *M* | *F* | **DOB** |  ***MO Day YEAR*** | **GU ID#** Click here to enter text. |
|  |  | **Hearing Status** |  [ ]  Deaf [ ]  HH [ ]  Hearing |
| Interpreting Required | [ ]  YES [ ]  NO | *Sign Mode Preference*☐ ASL ☐ PSE | Gallaudet **OSWD** SERVICES USED | [ ]  YES [ ]  NO |
| NOTE: The Consortia Coordinator Will NOTIFY HOST Institution of Special Service/Interpreting Requests |
| Career & Program Information |
| [ ]  **Undergraduate** [ ]  2nd Semester *Freshman* |[ ]  *Sophomore* [ ]  *Junior* | [ ]  *Senior* |[ ]  UG 2nd Degree | [ ]  **Graduate** [ ]  *Masters* Program[ ]  *Doctoral Program* |
| **Degree Major(s)** |  |  |
| Anticipated Date of Program Completion  | Semester: Year:  |
| **Consortia Institution** - *Select ‘1’ CUWMA Institution Only* (X) ≠ Not Open to cross registration for Gallaudet Students |
|  | American University |  | Howard University |  | Prince George’s Community College |
|  | Catholic University of America |  | Marymount University |  | Trinity Washington University |
|  | George Mason University |  | Montgomery College |  | Uniformed Services Univ. /Health Sciences |
|  | George Washington University |  | *National Defense Intelligence Univ.*≠ |  | University of the District of Columbia |
|  | Georgetown University |  | *National Defense University* ≠ |   | University of Maryland (CP Campus) |
| UG Career Students - 2 Course Limit if Approved by UG CUWMA Advisor & Program Dean – Requires 3.0 or Better GPAGraduate Masters Career – Required - 50% of Semester Credits at Gallaudet - - Graduate Doctoral Career May Request Up to 40% of Career Credits Use Main Campus Courses Only – Check for Exclusions & Required Permissions – Restrictions & Requirements Strict – No Exceptions**List Course Information Below** |
| **Course Code + Section** | **Course Title**  | Credits | Course Level UG or Grad |  $Fee  |
|  |  |  | [ ]  UG [ ]  G | $ |
|  |  |  | [ ]  UG [ ]  G | $ |
|  |  |  | [ ]  UG [ ]  G | $ |
|  |
| Student *(signature)* |  | Click here to enter a date. |
| *Required Administrative Approval Signatures* |
| Academic Advisor |  | Click here to enter a date. |
| Chairperson/Program Dir. |  | Click here to enter a date. |
| UG Consortium Advisor\* |  | Click here to enter a date. |
| Program Dean  |  | Click here to enter a date. |

\**Required Approval for UG Students Only - - \*\*Graduate Students Must Attain the Graduate School Dean’s Approval - -*

*Undergraduate Students must have their Dean’s approval for requesting more than 1 CUWMA course or when their credit*

*load exceeds 19 credits.*

Return Completed Authorization Form to Registrar’s Office for Process & Official Submission to Host CUWMA

Institution. Requests are due by the Deadline Date Prior to Close of Business Hours *(Refer to GU Academic Calendar* -

*Previous Semester).*

**Gallaudet University CUWMA Cross Registration Instructions**

* ALL sections of the Consortium Authorization form are relevant to the request and processing.
ENTER YOUR GU student ID, full first, full last name & your middle initial and DOB*. The student’s DOB is also required to allow for campus email and any internet online learning management system set up (i.e. blackboard)*
* SELECT the appropriate CUWMA institution & indicate the upcoming semester + year.
* INDICATE if you are deaf/HH – hard of hearing or hearing on the form and select if you require interpreting services *(only available to deaf/HH students – confirmed by the Consortium Coordinator – per CUWMA policies).*
* ENTER the full course code + section desired for that course *(ex: EDUC 630 002) - -* If there is a scheduling course number *(term specific i.e. a 4 or 5 digit number found on a semester class schedule with the course section you are requesting).*
* ALL signatures are required in order to process any request
* Students that have questions or concerns during the authorization process – can contact the GU Consortium Coordinator.
* Return Completed Authorization Form to [Registrar’s Office](https://www.youvisit.com/tour/gallaudet?tourid=tour1&pl=v&m_prompt=1) for Process & Official Submission to Host CUWMA Institution.
* Requests are due by the Deadline Date Prior to Close of Business Hours *(Refer to GU Academic Calendar* -*Previous Semester).*

[http://registrar.gallaudet.edu](http://registrar.gallaudet.edu/)

Registrar’s Office
Chapel Hall 101