Inter-University Doctoral Consortium Registration Form
Columbia University / Fordham University / Graduate Center, CUNY / New York University
New School for Social Research / Princeton University / Rutgers University / Stony Brook University / Teachers College, Columbia University

Instructions for the Inter-University Doctoral Consortium Registration Form

Student:
1. Please print all information.
2. Contact the IUDC Coordinator’s Office at the Home School for instructions on completing administrative matters there. If necessary, contact the IUDC Coordinator’s Office at the Host School for instructions on completing administrative matters there. Please review instructions at: http://gsas.nyu.edu/page/grad.scholarlyprograms.interuniversitydoctoralconsortium
3. Make 2 copies of this form: 1 for the Host School and 1 for your own records. Return the original copy to the IUDC Coordinator’s Office at the Home School.

PERSONAL INFORMATION

Last Name __________________________ First Name __________________________ MI ______
Student ID # __________________________ Term Started in Program: Fall / Spring (please circle) 20 __ __*
Date of Birth __________________________ Term for IUDC Course Enrollment: Fall / Spring (please circle) 20 __ __
Address __________________________________________ Phone # __________________________
Home School E-mail Address __________________________

*NOTE: To be eligible, students must be within seven years of full-time study (or the equivalent) from the date of first enrollment.

HOME SCHOOL INFORMATION

Home School: __________________________ Have you completed one full year of enrollment or the equivalent? YES or NO (please circle)
Department or Division: __________________________ Degree (consortium is for doctoral students only): Ph.D. Ed.D.
Home School Chair or Program Director/Advisor (Signature) __________________________ Date __________
Home School IUDC Coordinator (Signature) __________________________ Date __________

BY SIGNING THIS FORM, THE HOME SCHOOL IUDC COORDINATOR CERTIFIES THAT THIS STUDENT IS IN GOOD STANDING AND HAS MET ALL IMMUNIZATION REQUIREMENTS FOR NEW YORK AND NEW JERSEY.

HOST SCHOOL INFORMATION

Host School: __________________________ Department and Division: __________________________
Course #/Section # __________________________ Course Title: __________________________ Course Credits: __________
Host Instructor (Signature) __________________________ Please Print Name __________________________ Date __________
Host School IUDC Coordinator (Signature) __________________________ Date __________

TO DROP THIS COURSE, SIGN BELOW AND SUBMIT THIS COPY TO THE HOST UNIVERSITY. IN ADDITION, PLEASE FOLLOW YOUR HOME SCHOOL’S GUIDELINES REGARDING WITHDRAWING AND/OR DROPPING THE COURSE.

Student Signature __________________________________________ Date __________

I AUTHORIZE THE RELEASE OF MY ACADEMIC TRANSCRIPT TO THE IUDC COORDINATOR AT MY HOME INSTITUTION AFTER THE FINAL GRADE HAS BEEN POSTED TO MY RECORD.

Student Signature __________________________________________ Date __________

[See attached contact information.]
CONTACT INFORMATION

COLUMBIA UNIVERSITY, GSAS
Thalyana Stathis, Academic Affairs Coordinator
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CUNY GRADUATE CENTER
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FORDHAM UNIVERSITY, GSAS
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NEW SCHOOL FOR SOCIAL RESEARCH
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NEW YORK UNIVERSITY
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RUTGERS UNIVERSITY, NEW BRUNSWICK
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