
CONSORTIUM REQUEST FORM: STATEMENT OF NEED

CUA students registering for a course through the Consortium of Universities of the Washington Metropolitan Area must complete this form *and* the [Consortium Registration Form](#) and return both to the Office of Enrollment Services. Incomplete forms (including forms missing signatures) will not be accepted.)

The following stipulations apply to consortium registration:

- Courses taken through the Consortium can not be offered at CUA and must be needed for the degree.
- Only one course per semester may be taken through the Consortium (does not apply to ROTC courses).
- Courses taken through the Consortium can not be used to replace a grade of D or F earned in another course.
- Consortium courses must be taken for credit; auditing of Consortium courses is not permitted.
- Students may not enroll in off-campus courses offered by another Consortium school.
- Non-degree students, online-only students, provisionally admitted students, and students in the School of Canon Law, the Columbus School of Law, and the Metropolitan School of Professional Studies are excluded from participation.
- Students are **STRONGLY** advised not to take a Consortium course during their final semester. If the grade is received after the CUA grade reporting deadline, the student's graduation will be postponed to the following term.
- Tuition for Consortium courses is paid to CUA at its rates. Special fees charged for specific courses at the visited institution must be paid by the student directly to that institution.

The complete consortium registration policy is located at <http://enrollmentservices.cua.edu/Registration-and-Records/Consortium.cfm>

Student Name: _____ Student ID: _____

Visiting University: _____ Semester/Year: _____

Course Name: _____ Course Number: _____

Course Dates (EXACT Dates of Course): Start Date: _____ Course End Date: _____

Student Statement of Need: Indicate the reason you need to take the requested course through the Consortium.

Student Signature: _____ Date: _____

Advisor Recommendation: Indicate your recommendation for the above student's enrollment in the listed course.

Advisor Name: _____ Email: _____

Advisor Signature: _____ Date: _____