

Greater Memphis Consortium (GMC):
 Christian Brothers University, LeMoyne-Owen College,
 Memphis College of Art, Memphis Theological Seminary
Registration Form

Semester and Year: _____ Home Institution ID Number: _____

Home Institution: CBU MCA MTS LOC

GMC Institution at which enrollment is sought: CBU MCA MTS LOC

Name: _____
LAST FIRST MIDDLE

Permanent Address: _____

City, State, Zip: _____

Local Telephone Number: _____ Soc Sec Number: _____

Race: _____ Sex: _____ Citizenship: _____ Date of Birth: _____

GMC Course(s) to be taken:

CRN	DEPT	Course Number	Section	Title	Credit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Home Institution Approvals:

GMC Institution Approvals:

Advisor: _____

Instructor: _____

Registrar: _____

Registrar: _____

I have read and understand the policies regarding the GMC Enrollment Program and agree to abide by them. I agree to abide by the academic and social policies and procedures of the GMC institution in which I will be enrolled. I understand that failure to do so may lead to involuntary withdrawal from the GMC course and other possible consequences at my home institution.

Student Signature: _____

Date: _____

Copies of this form MUST be submitted to the Registrar's Office at both institutions in order to be registered for the semester.
