



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

## ACADEMIC COOPERATIVE REGISTRATION FORM

Student ID # \_\_\_\_\_ Name \_\_\_\_\_  
*Last* *First*

Semester:      Fall      Spring     Year \_\_\_\_\_     Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Preferred phone # \_\_\_\_\_ Is this:      home      cell      work

Total credits at NDMU this semester \_\_\_\_\_ Total credits to graduation \_\_\_\_\_

HOST INSTITUTION YOU WISH TO ATTEND: _____									
Department	Course #	Section	Course Title	Credits	Day/Time	Prerequisite met?		Student registered?	
						YES	NO	YES	NO

\_\_\_\_\_  
*Student's Signature* *Date* *Academic Advisor's Signature* *Date*

\_\_\_\_\_  
*Coop Coordinator's Signature* *Date*

TO THE REGISTRAR OF THE HOST INSTITUTION:

At the beginning of the term, after the student has been officially registered for the course(s) listed above, please check the appropriate box in the "registered" column. Sign below and return by mail the yellow copy of the form to the Coop Coordinator at Notre Dame of Maryland University, 4701 N. Charles Street, Baltimore, MD 21210. Please notify us immediately if there is any change in the student's status.

\_\_\_\_\_  
*Signature of Host Registrar/ and or Coop Coordinator* *Date*