

HUNTINGDON COLLEGE
 REGISTRAR'S OFFICE
 1500 East Fairview Avenue
 Montgomery, AL 36106-2148
 Ph: (334) 833-4430 Fax: (334) 833-4313
 registrar@huntingdon.edu

CONSORTIUM AGREEMENT APPLICATION
Application for approval to earn credit for transfer to Huntingdon College

Name _____
Last First Middle

Contact Information _____
Local phone HC e-mail Campus Box

Permanent Address _____
No. Street City State Zip

Major(s) _____ Classification (Circle one) Sr. Jr. Soph. Fr.

I apply for permission to attend (circle one) **Auburn University Montgomery** **Faulkner University**
 during the _____ session to take the following course(s).
Year and term

Course Prefix	Course No.	Title of Course	No. Hrs. Credit (State whether Sem. or Qtr.)	Inclusive dates of session

I have not taken and received a grade at Huntingdon in any course listed above. (W, WP, WF does not apply.)

I understand that:

- Credit may not be granted at Huntingdon for any course not specifically approved IN ADVANCE.
- A course may not be taken if the course is being offered in the same semester at Huntingdon College.
- Approved consortium credit may count toward the terminal residence requirement of 30 semester hours.
- Approvals recorded here assume my being in good standing as of the Registrar's dated signature below.
- I must request from the above mentioned institution in writing that a transcript of my record be sent to :
 Registrar, Huntingdon College, 1500 E. Fairview Ave., Montgomery, AL 36106-2148.
- I understand the by taking a class elsewhere in my final term of enrollment for degree completion, it may adversely affect my actual term of completion.
- I understand through this petition, I am subject to all College policies regarding load and fees applicable for Huntingdon College classes.
- I understand that I will not be permitted to take future courses through the Consortium Agreement if the final transcript for the course above has not been received by the Registrar's Office at Huntingdon College.

The following signatures must be present prior to turning this form in to the Registrar's Office for processing.

Student _____ Date _____
 Academic Advisor _____ Date _____
 Teacher Certification Officer _____ Date _____
(If student is seeking teacher certification)

FOR USE BY REGISTRAR'S OFFICE ONLY

Course(s) Equivalency at Huntingdon College

Program Prefix Course Number
 1. _____

Certification of Student's Standing

The above named student is registered as a full-time student at Huntingdon College and has paid full-time fees for the

- Fall term, or
 Spring term

and is eligible for the Consortium Agreement

Registrar _____ Date _____