



**AMERICAN UNIVERSITY—  
COOPERATIVE REGISTRATION PROGRAM**

**Instructions:**

1. Complete top half of form, including the student agreement.
2. **Wesley students:** Obtain signed approval from the WTS Dean, then the AU Registrar.  
**AU students:** Obtain signed approval from the program advisor and AU Registrar, then the WTS Dean.
3. Make a copy of this form and deliver one copy to each school's Registrar's Office.

**Name** \_\_\_\_\_ **Campus Box** \_\_\_\_\_

**Student ID**

--	--	--	--	--	--	--

**Date of Birth**

--	--

 / 

--	--

 / 

1	9		
---	---	--	--

  
(mm/dd/yyyy)

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_ **Email** \_\_\_\_\_

**Home Institution**       AU       WTS      **Degree Program** \_\_\_\_\_

**Requested Course:**

**Course Number** \_\_\_\_\_ **Course Title** \_\_\_\_\_

\_\_\_\_\_ **Number of Credits** \_\_\_\_\_ **Semester (Fall, J-Term, Spring, Summer)** \_\_\_\_\_ **Academic Year**

2	0		
---	---	--	--

 - 

2	0		
---	---	--	--

Students participating in this cooperative education program are bound by the academic standards of their home institution. Student Agreement: I understand and agree to the conditions of this cooperative registration.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

**THIS SECTION TO BE COMPLETED AND SIGNED BY WTS DEAN AND AU REGISTRAR**

**Approval for Registration:** This course is an integral part of the student's program and when satisfactorily completed will be used as resident credit to meet degree requirements at the home institution within the policies adopted by its faculty.

\_\_\_\_\_  
**WTS Dean** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**AU Program Advisor (AU students only; see instructions above)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**AU Registrar** \_\_\_\_\_  
**Date**