Steps to register for Army ROTC as a Consortium Student

updated: 6/20/19

Step 1: Please note: Consortium Registration Form link has changed to:

Fill out the Cross Registration form online (handwritten forms will not be accepted). You may register for both terms on one form.

Course information is listed within this packet – you do not need instructor’s signature. Army ROTC students are allowed to register for **two Army ROTC classes per semester.**

Semester breakdown: Fall semester = A and B terms
Spring semester = C and D terms

Step 2:
Bring the completed Cross Registration form to your school’s Registrar’s Office and they will sign the form first, granting you permission to register. Most schools require the approval signature of an Academic Dean. Your Registrar’s Office will be able to direct you appropriately.

Step 3:
Then bring the signed Cross Registration form to the WPI Registrar’s Office by the specified deadline (listed on page 3) and they will register you for the classes. The WPI Registrar’s office hours are from 8am to 4:30pm, Monday through Friday.

Sample Course info:

If you are a freshman (MS 1), register for: ML 1011 A01 and ML 1012 B01

Course time: Fri 10:00am -10:50am
Lab time: Thurs 3:00pm - 5:00pm
PT: Mon, Wed, Fri 6:30am - 7:30am

If you are a sophomore (MS 2), register for: ML 2011 A01 and ML 2012 B01

Course time: Mon 8:00am – 9:50am
Lab time: Thurs 3:00pm - 5:00pm
PT: Mon, Wed, Fri 6:30am - 7:30am
Cross-Registration Form

Please print. Complete this form at the home institution before traveling to the host institution.

Name: ________________________________ _______ Last _______ First _______ Middle Initial _______

Home Institution: ______________________________________ Major Area of Study: ______________________

Mailing Address: __________________________________________ Street Address ____________________________
City __________________ State _______ Zip ____________

Phone number: __________________________ Campus e-mail: __________________________
Local/Cell

Date of Birth: _______ Gender: _______ Class Year: _______
MM/DD/YY

Have you previously taken a course at this Host Institution? Yes ☐ No ☐ If Yes, when? ______________________

REGISTRATION
(Limited to one course per semester)
Students are encouraged to list an alternative choice in the event their 1st choice is full.

<table>
<thead>
<tr>
<th>Choice #</th>
<th>Host College Name</th>
<th>Department/ Course Number/Section</th>
<th>Course Title</th>
<th>Course Day(s)/Time(s)</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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</tbody>
</table>

* You must comply with the requirements of your HOME institution.

Anticipated graduation date: _______ Month, Year

Instructor Signature ____________________________ Date _______

For Closed Courses Only

REQUIRED SIGNATURES

Student ____________________________ Date _______

Approval Signature ____________________________ Academic Dean or Approved Signer Date _______

Registrar's Office* ____________________________ Date _______

*Signature of Registrar constitutes home institution eligibility
HOME Student ID ____________________________

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION

HOST Student ID ____________________________

Registration is ☐Approved ☐Denied Choice # 1 2

Registrar’s Signature ____________________________ Date _______
<table>
<thead>
<tr>
<th>Term</th>
<th>Course</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Term: 26 Sep</td>
<td>Students withdraw for W/L Fee w/ drop course to last day to</td>
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</tr>
<tr>
<td>B Term: 4 Sep</td>
<td>A Term: 5 Sep</td>
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<tr>
<td>C Term: 9 Nov</td>
<td>B Term: 26 Nov</td>
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<tr>
<td>D Term: 17 Apr</td>
<td>C Term: 19 Feb</td>
<td>D Term: 27 Mar</td>
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</tbody>
</table>

**Students**

**Consortium**

**WPI ROTC Class Registration**

2019-2020
Attention ROTC Consortium Students:

Consortium Students dropping from the Army ROTC program MUST officially withdraw from the Consortium Class

To drop a cross-registered course, the student must complete a Consortium drop/withdrawal form, located at:


Please complete this form and submit to the WPI Registrar’s Office by the specified deadline listed below by term.

Students, who fail to officially withdraw from the course by the specified deadline, will receive a grade of F on their official transcript from their home institution.

Last Day to Withdraw for 2019 – 2020 academic year:

A term: September 26  
B term: November 26  
C term: February 19  
D term: April 17

Please type:
CROSS-REGISTRATION DROP/WITHDRAWAL FORM

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>DATE</th>
<th>HOME STUDENT ID NUMBER</th>
<th>STUDENT E-MAIL ADDRESS</th>
<th>SEMESTER</th>
<th>HOST STUDENT ID NUMBER</th>
<th>DROP</th>
<th>WITHDRAWAL</th>
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<tbody>
<tr>
<td>STUDENT’S HOME INSTITUTION</td>
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<tr>
<td>COURSE TITLE AND NUMBER</td>
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<td>HOST INSTITUTION</td>
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</table>

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION:

REGISTRAR’S SIGNATURE (HOST INSTITUTION)  
COPIES SENT TO:  □ HOME INSTITUTION  □ STUDENT  □ OTHER  
DATE
Cross-Registration
Temporary
PARKING PERMIT

Host Institution: ____________________________________________

Home Institution: ____________________________________________

Student Name: ______________________________________________

Vehicle Registration Number: _________________________________

Permit is valid only during DAY course times, and in designated parking areas as determined by the Host Institution.

Permit is distributed by Host institution to full-time, undergraduate Cross-registered students.

Permit must be displayed on dashboard at all times at Host Institution to avoid ticketing.

COLLEGES OF
WORCESTER
CONSORTIUM

This section is to be filled out by Host Institution Public Safety/Campus Police. Student must present fully signed copy of Cross-registration form and vehicle registration to Public Safety.

Valid for the following semester: _____________________________

Host Public Safety Initials: _____________________________

ALL CADETS must register their vehicle with WPI Campus Police! Please bring your vehicle registration to WPI Campus Police on Boynton Ave.
Worcester Polytechnic Institute
SPORTS AND RECREATION CENTER
AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of becoming a member or being allowed to participate in the activities and programs of the WPI’s Sports and Recreation Center (hereafter Sports and Recreation Center) and to use its facilities and equipment, in addition to the payment of any fee, I do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge Worcester Polytechnic Institute, its employees and agents, from any responsibilities or liability for injuries or damages resulting from my participation in activities or use of equipment in the Sports and Recreation Center. I do also hereby release all of those mentioned, from any responsibility or liability for any injury, including those caused by a negligent act or omission, of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities or the use of any equipment or facilities at the Sports and Recreation Center. (Please initial ________)

2. I understand and am aware that strength, flexibility and aerobic exercises, including the use of exercise equipment and any Sports and Recreation Center facility, are potentially hazardous activities. I also understand that physical fitness activities involve a risk up to and including death and that I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and/or death. (Please initial ________)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Sports and Recreation Center or use of equipment or facilities. I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment and facilities without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and facilities. (Please initial ________)

4. I hereby consent to and permit emergency treatment in the event of illness or injury while participating in the activities and programs of the Sports and Recreation Center facilities. (Please initial ________)

I have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

_________________________________________  __________________________________________
Signature                                           Parent or Guardian Signature (if participant under 18)

_________________________________________
Print Name

_________________________________________
Date

I will be at WPI during the following dates __________________________________________

NOTE: All Sports and Recreation Center users must read and sign this form. Individuals under 18 must also have a legal guardian read and sign. Children under 18 years of age are not eligible to use the facilities other than for special events or programs.