



Undergraduate Academic Affairs
College of Humanities and Social Sciences

CONSORTIUM REQUEST FORM

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|--|-----------------|
| | OFFICE USE ONLY |
|--|-----------------|

Name: _____

G#: _____

Address: _____

Mason email: _____

Official correspondence will be sent to this address.

_____ City State Zip

Telephone: _____ Message? yes/no
if yes, we will leave a detailed message on voice mail

Major: _____

Note that any required documentation must be provided within 30 days of receipt of your request to the Undergraduate Academic Affairs Office. **After 30 days, the request will be filed without review.**

Please note that a completed Consortium Registration Form must be included with this request form.

Consortium registration is typically limited to to degree-seeking juniors and seniors in good standing currently enrolled at Mason.

Earned hours: _____ Semester (circle): Fall Spring Summer Year: _____ Cumulative GPA _____

State your specific request and the details you wish the Dean to consider.

Read and Sign: I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

Student's Signature

Date