



UNIVERSITY OF DELAWARE AND THOMAS JEFFERSON UNIVERSITY RECIPROCAL REGISTRATION PERMISSION FORM

SECTION 1: STUDENT INFORMATION AND HOME INSTITUTION APPROVALS

Form section for student information including fields for Student Name, Date of Birth, Student's Graduate Program, UDID or TJU Campus Key, Student Home Institution (University of Delaware or Thomas Jefferson University), Student's Home Institution E-mail, Student Signature, and Date.

NOTE: In signing, I understand that: I authorize the Coordinator at my home institution to confirm completion of health record requirements at my home institution and to share demographic information (e.g. preferred address and emergency contact information) with the partner institution. I may be required to complete additional administrative requirements (e.g. HIPAA training, child abuse clearance, mandatory flu shot, safety training) in accordance with requirements of a specific course and/or program at the partner institution; and I must notify the partner institution if I fall below full time at my home institution.

SECTION 2: COURSE INFORMATION

Form section for course information including Semester during which course will be taken at partner institution (Fall, Winter, Spring), Course Name and Number at Partner Institution, Credits, Course Name and Number at Home Institution\*, Credits\*, Academic Program Approval Name, Student Signature, and Date.

\*N/A indicates there is not a comparable course at your home institution.

FOR HOME INSTITUTION USE ONLY

Form section for home institution use only including a checklist for student status (Full Time, Medical History, Medical Insurance, Emergency Contact Information, Good Standing, Immunization Record, Safety Training Completed) and approval checkboxes for University of Delaware Office of Graduate and Professional Education and Thomas Jefferson University Registrar, with fields for Signature and Date.

FOR PARTNER INSTITUTION USE ONLY

Form section for partner institution use only including checkboxes for permission of academic division and safety training requirement reviewed, approval checkboxes for University of Delaware Office of Graduate and Professional Education and Thomas Jefferson University Registrar, with fields for Signature and Date.