



**Permission Form for Reciprocal Registration Between  
University of Delaware and Thomas Jefferson University**

**Part I. Student information and home institution approvals**

Student name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                    First                              Middle                              Last

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*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.

Student's home institution UD \_\_\_\_\_ TJU \_\_\_\_\_

Student's graduate program \_\_\_\_\_

UDID or TJU campus key \_\_\_\_\_

Student's home institution e-mail address \_\_\_\_\_

**Part II. Course Information**

Semester during which course will be taken at partner institution (circle one)

Fall              Winter              Spring              Summer              Year \_\_\_\_\_

Course name and number at partner institution \_\_\_\_\_ Credits \_\_\_\_\_

Course name and number at home institution\* \_\_\_\_\_ Credits\* \_\_\_\_\_

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

Academic Program Approval Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Part III. To be completed by UD/TJU Coordinator at home institution**

Checklist:

- |   |   |
|---|---|
| <input type="checkbox"/> Student is full time, matriculated     | <input type="checkbox"/> Student is in good standing              |
| <input type="checkbox"/> Medical history record on file         | <input type="checkbox"/> Immunization record on file              |
| <input type="checkbox"/> Medical insurance verified             | <input type="checkbox"/> Safety training completed, if applicable |
| <input type="checkbox"/> Emergency contact information reviewed |   |

UD Office of Graduate Studies or TJU Registrar: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Name/Title/Institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part IV. To be completed by UD/TJU coordinator at partner institution.**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Permission of Academic Division has been obtained | <input type="checkbox"/> not required |
| <input type="checkbox"/> Safety training requirement reviewed              | <input type="checkbox"/> not required |

UD Office of Graduate Studies or TJU Registrar: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Name/Title/Institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_