



Mail To:

Registrar's Office
 John Carroll University
 1 John Carroll Boulevard
 University Heights, OH 44118

Transient Student Registration Form

Transient students, that is, those students whose parent college or university is other than John Carroll University and who intend to return to their parent institution, must submit this form completed in detail. Students for fall and spring semesters must both submit this form and register in person on the last business day before classes begin. Full payment for tuition and fees must accompany registration by mail. No registration will be processed otherwise. Make checks payable to John Carroll University.

I certify that I am in good academic standing (2.0 GPA or higher) and eligible to return to _____
 (Parent College or University)
 this semester. The following signature also indicates that I am aware of any prerequisite classes and have fulfilled any and all that may apply to the course(s) in which I plan to enroll at JCU. I accept responsibility for transferability or non-transferability of John Carroll course work to my degree program at my parent institution.

Student Signature _____ Date _____

Personal Information

Student Name _____ SSN (optional): _____
Last First M.I.

Home Address _____

City _____ State _____ Zip Code _____

Local Address (if different than above) _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Date of Birth _____ / _____ / _____ Gender: Male Female
MM DD YYYY

Are you attending John Carroll University for the first time? Yes No

If no, please give dates of previous attendance _____

Registration Information

| Summer Semester | | | | Fall Semester | | | | Spring Semester | | | |
|-----------------|--------|---------|---------|---------------|--------|---------|---------|-----------------|--------|---------|---------|
| Subject | Course | Section | Credits | Subject | Course | Section | Credits | Subject | Course | Section | Credits |
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