

Mail To:

Division of Enrollment 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. <u>Full payment for tuition and fees must accompany</u> registration by mail. No registration will be processed otherwise. Make checks payable to John Carroll University. Transient student registration begins one week before the start of the semester.

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 Last First	SSN (optional):
Home Address	
City	State Zip Code
Local Address (if different than above)	
City	State Zip Code
Home Phone Cel	1 Phone
E-mail Address	
Date of Birth///////	Gender: Ale Female
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