

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. Your student account statement will be created and will be emailed to you with payment instructions and deadlines. Transient student registration begins once our Priority Registration has ended. 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):			
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			
Are you attending John Carroll University for the first time?	Yes				
If no, please give dates of previous attendance					

Registration Information

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