



Mail To:
 Division of Enrollment
 John Carroll University
 1 John Carroll Boulevard
 University Heights, OH 44118
 enrollment@jcu.edu

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. ***Registration information and credentials will be sent to the email address you list on this form. Your student account statement will be created and will be emailed to your John Carroll account 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): _____
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			
Subject	Course	Section	Credits

Fall Semester			
Subject	Course	Section	Credits

Spring Semester			
Subject	Course	Section	Credits