



Transient Student Application Form

I wish to attend the University of Mount Union as a transient student during:

Fall Semester Spring Semester Summer Session I Summer Session II

Year _____

Mr.

Ms.

Name _____
First Middle/Maiden Last

Home Address _____
Street/Number City State Zip

Phone Number _____ Social Security Number _____

I am a student enrolled at _____

I would like permission to take the following course(s):

Section #	Course #	Time	Days	Semester Hours	Session #

Student Signature (must sign) _____ Date _____

Note to Student: After completing the above information, please forward this form to the registrar of the institution in which you are currently enrolled. That school will forward this application to the University of Mount Union if permission is granted to take the course(s) requested. Upon receipt of this application by the University of Mount Union, you will be registered in the course(s) named unless you are otherwise notified by Mount Union officials. The University of Mount Union will send you a schedule.

To Be Completed by the Registrar

This is to certify that the above named student is in good standing at:

Name of Institution _____ Location _____

and has permission to enroll at the University of Mount Union as a transient student in the course(s) indicated above.

Institutional Seal:

Registrar's Signature _____

Date _____

Note to Registrar: Please return this form to the Office of the Registrar, University of Mount Union, 1972 Clark Ave, Alliance, OH 44601