

NON-MATRICULATED & VISITING STUDENTS

MAIL-IN/FAX-IN REGISTRATION FORM – SPRING 2012

MAIL-IN/FAX-IN DEADLINE: Spring 2012 – January 6, 2012

FAX TO: (267) 468-8255 or return completed form to:

Temple University Ambler-Ft. Washington/Office of Academic Services
580 Meetinghouse Road
Ambler, PA 19002 Phone: (267) 468-8248

Temple University requests your Social Security Number because federal, state & local law requires the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy.
(http://policies.temple.edu/getdoc.asp?policy_no=04.75.11)

Temple Official Use Only/Advising Authorization
Signature _____
Date _____

I. General Information

Last Name		First Name	
Address			
City		State	ZIP
TUId. # or S/S #	E-mail address		
Phone: Day ()		Evening ()	
Birthdate (Mo./Day/Yr.)	High School	Yr. Graduated	
Previous College/University (Provide transcript)		Major (Degree, if any)	

I attended Temple University in: Fall ____ Spring ____ Graduated ____ Never Attended ____

Reason for registration (circle one): Degree Seeking (DS); Personal Enrichment (PK); Career Advancement (JS); Botany/Horticulture/Landscape Architecture/Community & Regional Planning (HL); Visiting Student (WO)

Ethnic Background: Circle One - 1. American Indian or Alaskan Native; 2. Black, not Hispanic; 3. Asian or Pacific Islander; 4. Hispanic; 5. White, not Hispanic; 6. Other

Country of Citizenship ____ USA or ____ Foreign national visa type: ____ Registration #: ____

▲▲▲▲▲PA Resident ____ Since: (Month) ____ 19 ____ (Year); Non-Resident ____ ▲▲▲▲▲
Gender ____ Male ____ Female

I certify the above information is accurate. Signature _____ Date ____/____/____

II. Course Selections (Note: Check prerequisites in the Temple University Bulletins. Go to www.temple.edu/tucourses)

Please register me for the following courses. (If you plan to transfer these credits to another college, please complete visiting student authorization form below)

CRN (Course Reference Number, e.g. 000-000)	Dept. Name (History, etc.)	Course Number (e.g. C068)	Sec. # (e.g. 011)	Course Title (e.g. History of U.S.)	Credit Hours	U (undergraduate) G (Graduate)
1.						
2.						
Alternate						
1.						
2.						

III. Payment

Once registration is processed, it will initiate the e-mailing of your Temple University AccessNet Username to the personal e-mail address you provided to us on the Statistical Form.
Please use this along with the instructions you will receive to activate your account. Billing and payment information will be sent to your TU e-mail account, or you can check the Bursar's website at <http://www.temple.edu/bursar>

Visiting Student Authorization Form

This section should be filled out by an authorized representative of the visiting student's home institution. This is to certify that this student is authorized to take the course(s) listed above at Temple University. The student has been informed of any applicable academic criteria, policies and/or procedures regarding the transfer of credits. (Note: **Transcripts (copies) must be attached.**)

Name of Institution _____
Institution Representative Name (print) _____
Signature _____
Title _____ Telephone No. _____