

NON-MATRICULATED & VISITING STUDENTS

MAIL-IN/FAX-IN REGISTRATION FORM – FALL 2009

MAIL-IN/FAX-IN DEADLINE: FALL 2009 - AUGUST 21, 2009

FAX TO: (267)468-8255 or return completed form to:
 Temple University Ambler/Office of Academic Services
 580 Meetinghouse Road
 Ambler, PA 19002 (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

| | | | | |
|-----------------------------|----------------|-------------|---------------|-----|
| Name | Last | First | | |
| 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 | | | Major | |

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

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

▲▲▲▲▲ 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 Bulletin.)

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 registered, you will be mailed a PIN (pin number). Log into OWLnet at <http://owl.net.temple.edu> and enter your student ID and pin number. Select the Financial Services Tab where you can pay via credit card or electronic check. From there, either select the "View Your Bill" or "Make Payment" option. Once you click GO, you will be taken to Temple's ePayment Processing Website, where you can make a payment that will be posted to your account in about 30 minutes.*

Bill Notification will be sent to your official Temple e-mail account and bills will be available in TUpay. Paper bills will NOT be mailed. Payment is due as shown on the bill. (Note: If you wish more information, please call us at 267.468.8250)

*Credit cards (Master Card, American Express, Discover) are only accepted on-line.

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. _____