

NON-MATRICULATED & VISITING STUDENTS MAIL-IN/FAX-IN REGISTRATION FORM – SPRING 2011

MAIL-IN/FAX-IN DEADLINE: SPRING 2011 – JANUARY 7, 2011

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); Horticultural/Landscape Arch/Community Regional Plan. (HL); Visiting Student (W0)

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. 3001)	Sec. # (e.g. 101)	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://owlnet.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.* Paper bills will NOT be mailed.
*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. _____