

Temple University Summer 2008 Non-Matriculated and Visiting Students Registration Form

Mail-In/FAX-In Deadlines: Summer Session I – May 12, 2008 Summer Session II – June 30, 2008 | For general Summer Program questions, e-mail: summer@temple.edu

Student Information

Mr. Mrs. Ms. First Name _____ Middle Initial _____ Last Name _____

TUId # or SSN * _____

Home Address _____

City/State/ZIP _____

Birth date (Mo./Day/Yr.) _____

Daytime Phone _____ Evening Phone _____

E-mail _____

High School _____ Year Graduated _____

Male Female

Ethnic Background:
 American Indian or Alaskan Native Hispanic Black, not Hispanic
 Asian or Pacific Islander White, not Hispanic
 Other _____

Please check the options that best describe you:

I intend to apply to a degree program at Temple.

Program interest: _____

I do not intend to apply to a degree program at Temple.

I am taking courses for: Personal Enrichment Professional Development

I am a visiting student from another college or university.

College or University _____ Dates attended _____

I have an undergraduate degree.

College or University _____

Major _____ Year Graduated _____

I last attended Temple University (semester/year) _____ Never Attended

* Disclaimer: Temple University requests your Social Security Number because federal, state, and 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](http://policies.temple.edu/getdoc.asp?policy_no=04.75.11)

ATTENTION:

Visiting students from other colleges and universities:

Please be aware that our advisers cannot register you until they have received and reviewed appropriate documentation from your school, including transcripts and permission forms. You must have earned a 2.0 CGPA to be eligible to register for classes.

Visiting Student Authorization form

This section should be filled out and signed by an authorized representative of the visiting student's home college or university. This is to certify that this student is authorized to take the course(s) listed on this form at Temple University. The student has been informed of any applicable academic criteria, policies, and/or procedures regarding the transfer of credits.

Name of Home College or University

Authorized Representative's Name (print)

Title

Signature

Phone

PLEASE NOTE : The Temple University Study Abroad Summer Programs require a different application. Contact STUDY.ABROAD@TEMPLE.EDU for more information.

ALSO NOTE : Students applying for courses in the Tyler School of Art also need to provide supplementary information by telephoning a representative at Tyler at 215-782-2787.

Course Selection (Please check for course prerequisites in course descriptions)

Course Reference Number (e.g. 000-000) and Alternate Courses	Department Name (e.g. History)	Course Number (e.g. 1102)	Section Number (e.g. 101)	Course Title (e.g. History of U.S. 1877 – Present)	Hours	Credit G (graduate)	U (undergraduate)
1. <input type="radio"/> SS1 <input type="radio"/> SS2							
Alternate:							
2. <input type="radio"/> SS1 <input type="radio"/> SS2							
Alternate:							
3. <input type="radio"/> SS1 <input type="radio"/> SS2							
Alternate:							

e-Billing: All Temple University billing and registration information is communicated electronically, via students' Temple e-mail addresses. A Temple login and e-mail address will be sent by regular mail within a few days of registration. After that, you will receive an e-mail notification that the bill is available in TUpay. The due date will be approximately 10 business days from the date the bill was issued.

Statement of Legal Residence

In what state do you claim permanent legal residence?

State/County

If you are under the age of 22 or are dependent on your parent(s) or legal guardian(s), in what state do your parent(s) or legal guardian(s) reside?

State / County / Country of citizenship

Do you presently reside in Pennsylvania? Yes No

If you are a foreign national, what is your visa type?

Visa type Registration number

Have you been a student at any time during the past 12 months? Yes No
If yes, name the institution _____

Name of Institution From: Month / Day / Year To: Month / Day / Year

I am now, and have been since _____ / _____
Month Year
a legal resident of _____.

Are you currently in military service assigned to active duty at a PA military installation? Yes No

If you are a spouse or dependent of a military person assigned to active duty at a PA military installation, indicate relationship: Spouse Dependent

TEMPLE UNIVERSITY RESERVES THE RIGHT TO REQUEST DOCUMENTARY EVIDENCE IN SUPPORT OF YOUR CLAIM OF LEGAL RESIDENCE. Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made on this statement of Legal Residence are correct and complete.

Signature of Applicant (REQUIRED) (DATE)