

## Visiting Student Registration Form

Last Name		First Name		Middle Initial
Address			Email	
City		State		Zip Code
Birth Date	Day Phone (      )		Evening Phone (      )	

### Course Selection(s)

Fall, Spring, Summer I or Summer II	1-6 digit Course Reference Number	Dept Name	Course Number (4 digits)	Section Number	Course Title	Credit Hours
	1.					
	Alternate					
	2.					
	Alternate					
	3.					
	Alternate					

### Registration Authorization

This section must be completed by an authorized representative of the student's home institution, certifying that this student is permitted to take the course(s) listed above at Temple University. The student is aware of any applicable academic criteria, policies and/or procedures regarding the transfer of credits from Temple to the home institution.

Home Institution			
Name of Institutional Representative		Signature	Date
Title		Phone (      )	

### Visiting Student Verification (To be initialed and signed by student)

<input type="checkbox"/>	<b>Policies and Procedures:</b> I have reviewed Temple's Office of Academic Records website ( <a href="http://www.temple.edu/registrar">www.temple.edu/registrar</a> ) including information on tuition & fees, schedule revisions, and deadlines.
<input type="checkbox"/>	<b>Visiting Student Registration Form:</b> I have completed this form including permission from my home institution.
<input type="checkbox"/>	<b>Statistical Record for New and Returning Students Form:</b> I have completed the form -- (located at <a href="http://www.temple.edu/arc">www.temple.edu/arc</a> under CS forms).
<input type="checkbox"/>	<b>ALL Academic Transcripts:</b> I have included copies of transcripts (official or unofficial) from each post-secondary institution that I have attended (a separate transcript from each individual school is required).
<input type="checkbox"/>	<b>GPA:</b> I have at least a 2.0 cumulative GPA from all previous post-secondary coursework.
<input type="checkbox"/>	<b>Pre-requisites:</b> I have reviewed "Course Descriptions" for the courses I intend to register and verified that I have all the required pre-requisites. If you are unsure whether or not you meet the pre-requisite requirements, please speak with an academic advisor prior to submitting your registration materials.
<input type="checkbox"/>	<b>Course Availability:</b> I have provided an alternate section/course in case my first choice has no open seats.
<input type="checkbox"/>	<b>Submission and Confirmation:</b> I will submit all paper work to the campus I plan to enroll via fax or mail (contact information is below). I understand that my registration is not complete until I have received written (or e-mail) confirmation of my registration.
<input type="checkbox"/>	Student Signature _____ Date _____