Guest Student Registration for Ohio Wesleyan Summer Session
Please submit this form to the Registrar’s Office or if you are a current student, register on-line.

Name__________________________________________________________

Last First MI

Social Security #______________________________________

Student ID # (if applicable)____________________________________

Parent Name_________________________________________________

Permanent Address____________________________________________

Permanent home phone #(________)_______________________________

City___________________________ State_________ Zip_____________

Campus Address: Box #______________________ Ext._______________

Academic Status
(2021-2022 academic year, check one):

______ Full-time Ohio Wesleyan student

______ Part-time Ohio Wesleyan student

______ Enrolled in another college/university

School____________________________________________

______ Secondary school student

School___________________________________________________

Secondary school students must provide with this form a letter of recommendation from a principal or guidance counselor.

Financial Status
(See Tuition and Fee section for explanatory information.)

______ Number of one-unit courses

______ Number of physical education activity courses

______ Number of applied music courses

______ Audit Fee (no credit)

______ Other (eg. tuition reimbursement, faculty/staff dependent, etc.)

Course Selection: Indicate in preferential order (first choice, first alternate, second choice, second alternate) the courses you wish to take. Mark courses you seek to audit with (audit) after the course number. (Please Note: only OWU students are eligible for OL courses)

Dept./Number Time Unit Courses
1. __________________________________________
   alt. _______________________________________

2. __________________________________________
   alt. _______________________________________

Fractional Courses
1. __________________________________________
2. __________________________________________

Permission for Students from other Colleges and Universities: Any individual matriculating at another college/university must have the following section completed:

This is to certify that

_________ Student’s Name ____________________________

_________ Date of Birth _____________________________

email address

is (check one):

______ A student in good standing

______ On academic probation

______ Not eligible to return to this university

Any courses he or she satisfactorily completes for credit (C- or better) in Ohio Wesleyan’s Summer Session will transfer to his or her academic record on this campus.

Signature of Registrar or Dean____________________________________

College or University____________________________________________

Address_____________________________________________________

____________________________________________________________

Student Signature______________________________________________

Date ______________

Please return to: Office of the Registrar
Ohio Wesleyan University
61 S. Sandusky Street
University Hall 007
Delaware, OH 43015