

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