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
(2019-2020 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)

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<tr>
<th>Unit Courses</th>
<th>Dept./Number</th>
<th>Time</th>
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<th>Fractional Courses</th>
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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