



COLLEGE OF GRADUATE AND CONTINUING EDUCATION

VISITING STUDENT APPLICATION UNDERGRADUATE ADMISSION

The University of Scranton
O'Hara Hall, 2nd Flr., Rm. 201
Scranton, PA. 18510-4582
(570) 941-7580 Fax (570) 941-5995

A student matriculated at another college or university who wishes to take courses for credit at The University of Scranton may do so with "Visiting Student" status through The University's College of Graduate and Continuing Education.

Please complete this application and a course registration form. **Attach written approval from your dean or other authorized administrator for all courses to be taken at The University of Scranton.**

DATE: _____

PERSONAL DATA:

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____

FORMER LAST NAME(S): _____

SEX: MALE FEMALE DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

ADDRESS: _____
Street

_____ City State Zip Code County

E-MAIL ADDRESS: _____

COUNTRY OF CITIZENSHIP: _____

(OVER)

TERM APPLIED FOR:

FALL INTERSESSION SPRING SUMMER I SUMMER II

EDUCATIONAL DATA:

Have you previously taken a course at the University of Scranton?

Yes NO

COLLEGES(S)	Dates of Attendance From-To	Degree Awarded (if any) and Major
1) _____ name city	_____	_____
2) _____ name city	_____	_____

EMERGENCY CONTACT:

Name: _____ Address: _____

Phone: _____ Relationship: _____

OPTIONAL:

How would you describe yourself? (U.S. CITIZENS ONLY)

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (specify) _____ |

I CERTIFY THAT THE INFORMATION THAT I HAVE GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE THAT IF I AM ACCEPTED I WILL COMPLY WITH THE RULES OF THE UNIVERSITY THAT ARE IN EFFECT WHILE I AM A STUDENT.

Signature

Date