



CARLOW
UNIVERSITY

Values. Scholarship. Vision.®

GUEST STUDENT REGISTRATION FORM

Information Form for New Guest Students (Side 1)

Name _____ SSN _____

Previous Name(s) _____

Address _____

City, State, Zip _____ County _____

Phone _____ Cell _____

Email _____

Birthdate (MM/DD/YY) _____ Sex: M _____ F _____

Are you a U.S. Citizen or Permanent Resident? No _____ Yes _____

Employer (optional) _____

Have you ever ATTENDED Carlow before? No _____ Yes _____

If Yes, when? _____

Have you ever APPLIED to Carlow before? No _____ Yes _____

If Yes, when? _____

High School Attended _____ Location _____

Graduation Year _____ GED? No _____ Yes _____ Date _____

College(s) Attended	Location	Dates	Degree
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Area of Academic Interest _____

Do you plan to seek a degree at Carlow? No _____ Yes _____

If No, what is the purpose of your current enrollment?

Carlow University
Registration Form for New Guest Students (Side 2)

Registration Form

- *Students will need to provide their unofficial college transcript(s).*
- *If the course(s) you are requesting have a pre-requisite, you may be required to provide a course description to verify you meet the requirements. If this is required, you will be notified prior to registering.*

Semester FA/SP/SU	Course#	Section	Title	Credits	Time	Days

** I understand that this registration form can be nullified or changed only upon completion and submission of a change of registration form. I have read and accept these conditions related to my registration. _____ (please initial here)

Student Name (Print) _____ Date _____

Student Signature _____ Date _____

Registrar Signature _____ Date _____

Graduate Courses Only

Program Directors Signature _____ Date _____

If you have any questions, please feel free to call our office at 412-578-6389.

Office of the Registrar, 3333 Fifth Ave, Pittsburgh, PA 15213 Fax: 412-578-6689 E-mail: registrar@carlow.edu

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