

# Guest Student Application

A \$10 application fee must be paid with this application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Select if you are taking a course for credit or audit (check one):  Credit (full master's tuition applies)  Audit (\$125/hr.)

- If taking a course(s) for credit, you must have a bachelor's degree and provide an official transcript with this application.
- If you are transferring this credit to another institution, in addition to an official bachelor's transcript, the applicant must provide the GRADUATE TRANSIENT CERTIFICATION OF GOOD STANDING form, verifying the credit will apply to their current institution and that the applicant is in good standing at that school.

Name of institution to receive transfer credits: \_\_\_\_\_

## Course(s) Interested in Taking:

Course Number	Course Title	*Center	**Semester
_____	_____	_____	_____
_____	_____	_____	_____

\*Center = Ashland, Cleveland, Columbus or Online

\*\*Semester = Fall, Spring, Summer and Year

*I, as a guest student, understand that I am limited to taking no more than eight (8) courses or twenty-four (24) semester hours of study for credit without applying to a degree program without the written consent of the Dean.*

*As a guest student, I am responsible for full payment of my tuition bill each semester and am accountable to all the guidelines provided in the Student Handbook.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

### FOR OFFICE USE ONLY:

Request Received: \_\_\_\_\_ Official Transcript Received: \_\_\_\_\_ Transient Cert. Received: \_\_\_\_\_

Registration Entered: \_\_\_\_\_

Return to: [ATS-Enrollment@ashland.edu](mailto:ATS-Enrollment@ashland.edu) -or- Fax: 419-289-5650 -or- 910 Center Street, Ashland OH 44805