

## **Registration Form for Visiting Students**

Year

**Registrar's Office** 

160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 621-8285 • Fax (909) 607-7285 • student.records@cgu.edu

Individuals who are not seeking a degree at Claremont Graduate University (CGU) must complete this form and obtain the appropriate signatures in order to register for classes. Visitors should consult the CGU website for <u>current fees</u> and <u>Academic Calendar</u> deadlines. Submit your completed registration form to the Registrar's Office and pay your fees to Student Accounts. Both offices are located in the Student Affairs Office. PAYMENT IS REQUIRED at the time of registration.

Note: This application may not be used as a substitute for the CGU Application for Admission process.

Student Information	<b>Check One:</b> Exchange  Summer Student  Alumni  Teacher Education Special Standing				
CGU ID# (if previously attended): 254					
Last/Family Name	First Name	Middle			
Other/Previous NamesPrefe	erred First Name	Birth Date			
Gender:  □ Female  □ Male U.S. Social Security NumberCitizenship Country					
Visa Type (if applicable) Birth Country	City				
State/ProvinceEmail	Email Address				
Permanent Address					
	Phone Number				
Mailing Address (if different)					

## **Current Educational Information**

Your College/University Name	Location	Degree	Major	Dates of Attendance

## CGU Registration (Please complete each column in this section) Semester\_\_\_\_

 

 Subject
 Catalog #
 Class # (4 digits)
 Course Title
 √ if Audit
 Instructor Name
 Instructor Signature
 # of Units

 Image: Subject
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 # of Units

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 # of Units

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I certify that the information I have provided on this application form is complete and accurate, and in accordance with the terms specified in the <u>CGU Bulletin</u>, I will pay all tuition and fees that are due for this semester. (For information visit <u>Student Accounts</u>.)

Student Signature\_\_\_\_\_

Academic/Sponsoring Department Approvals				
Dean/Director Name	Signature	Date		
Dept. Admin. Review	Signature	Date		
Submit Completed Form to Registrar's Office				

Date \_\_\_\_