Guest Student Application

Application fee - \$10

Name:	
Address:	
City:	State:Zip Code:
Phone: ()	Last 4 digist of SS#:
Birth Date:	Email:
Select if you are taking a course for credit or au • If taking a course(s) for credit, you mu	dit (check one): Credit (full master's tuition applies) Audit (\$125/hr.) ust have a bachelor's degree and provide an official transcript with this application.
provide the GRADUATE TRANSIENT C	nother institution, in addition to an official bachelor's transcript, the applicant must CERTIFICATION OF GOOD STANDING form, verifying the credit will apply to their cant is in good standing at that school.
Course(s) Interested in Taking:	THEOLOGICAL SEMINARY
Course Number Course Title	A GRADUATE DIVISION OF
1906	ASHLAND UNIVERSITY
*Section = In Person (Ashland) or Online **Semester = Fall, Spring, Summer and Year	
study for credit without applying to a degree pro	ted to taking no more than eight (8) courses or twenty-four (24) semester hours of ogram without the written consent of the Dean. ment of my tuition bill each semester and am accountable to all the guidelines
(Date)	(Signature)
FOR OFFICE USE ONLY: Request Received: Off.	icial Transcript Received: Transient Cert. Received:
Registration Entered:	

Return to: ATS-Enrollment@ashland.edu -or- Fax: 419-289-5969 -or- 910 Center Street, Ashland OH 44805