

MERCYHURST UNIVERSITY

High School Transient Registration Form

*Student Name: _____ *SS#: _____

THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY:

*Birth Date: _____ *Gender: _____ Hispanic? Y/N Race: _____ Religion: _____
Month/Day/Year M/F AfricanAm/Asian/PacIsland/ Buddhist/EOrthodox/ Jewish/ Caucasian/ Hispanic/NativeAm/other Protestant/RmCatholic/Muslim/other

*Mailing Address: _____ *City: _____ *State: _____ *Zip: _____

*Home Phone: (_____) _____ and/or *Cell: (_____) _____

*Country of Birth: _____ *Country of Citizenship: _____

*Email Address: _____

*High School Name: _____ *Grad Mo/Yr: _____

*School District of home (permanent) address: _____

Have you ever taken college credit at Mercyhurst before? Yes No If yes, when? _____

*Registration Term: Fall (Aug-Dec) Spring (Jan-May) Summer (_____)

IMPORTANT: You MUST notify the Registrar if you are repeating a class to replace a grade!

DAY(S)	TIME	DEPT	NO.	SEC	*	COURSE TITLE	# OF CREDITS
* CREDIT TYPE = U-Undergrad C-Certificate A-Audit G-Graduate L-Lab R-Repeat							TOTAL CREDITS

In signing this form, I also give Mercyhurst University authority to release my transcripts to my high school advisor/guidance counselor/guidance office.

*ADVISOR'S SIGNATURE

*STUDENT'S SIGNATURE

DATE

Mercyhurst University Academic Dean Representative: _____ Date: _____