

MERCYHURST UNIVERSITY



High School Transient Registration Form

Student Name: _____ SS#: _____

Birth Date: _____ Gender: _____ **OPTIONAL:** Race: _____ Religion: _____
Month/Day/Year M/F Information for statistical purposes only. AfricanAm/Asian/PacIsland/ Buddhist/EOrthodox/ Jewish/ Caucasian/ Hispanic/NativeAm/other Protestant/RmCatholic/Muslim/other

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

Home Phone: (_____) _____ Cell: (_____) _____

High School: _____ City/State: _____ Grad Mo/Yr: _____

School District of home (permanent) address: _____

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

Office Use Only

Admit Status: _TZ_ Student Type: _____

Registration Term: **Fall** (Aug-Nov) **Winter** (Nov-Feb) **Spring** (Mar-May) **Summer** (June-Aug)

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: _____