

## Application for Enrollment as a Guest/Transient Student

Have you ever atte	nded Defiance College?	☐ Yes ☐ No	Dat	e attended
Last Name	First Name	Middle Na	me D	Date of Birth
Street Address		City St	tate Z	Zip Code
Social Security# _	Day Te	elephone ()	Email .	
Last college attend	ed and date of attendance	2		
Do you have an int	ernational immigration v	isa? □ Yes □ No		
If yes, please list cl	lassification (F1, J1, etc)			
I am applying for a	dmission to Defiance Co	llege as a guest stude	ent for: Semester	& Year:
Please indicate the	e Defiance College cour	ses you wish to take	<u>.</u>	
Course #	Course	#	Course #_	
Credit Hrs		Hrs		3
Course #	Course	#	Course #_	
Credit Hrs		Hrs	Credit Hrs	3
				egistrar of that institution
(your home institut	tion) approve your enroll	ment at Defiance Col	lege as a transient	t student.
	TED BY HOME INST			
This is to certify the student at Defiance	at the above student is in	good standing and ha	as permission to e	enroll as a transient
student at Deffance	conege.			
Name of Institution	n	Address	City	State Zip
Registrar's Signatu	ire -	Date		
Please return this	form to:			
Registrar's Office,	Defiance College			
701 N Clinton St Defiance, OH 435	12			

Phone: 419-783-2551 Fax: 419-783-2579 <u>registrar@defiance.edu</u> Office Hours: 8:30 to 4:30 pm, M-F

7/2018