

# MUSKINGUM

U N I V E R S I T Y

## Transient Student Enrollment Request

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TO BE COMPLETED BY STUDENT (Please Print)

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Class Level FR SO JR SR

**IF SENIOR LEVEL PLEASE FILL OUT SENIOR RESIDENCY WAIVER**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### **TO BE COMPLETED BY THE REGISTRAR'S OFFICE**

I certify that the applicant is currently enrolled at this institution and is in good academic standing.

The student's current accumulative grade point average is: \_\_\_\_\_ and is considered a fulltime student with \_\_\_\_\_ credit hours for \_\_\_\_\_ semester.

\_\_\_\_\_  
Registrar's Office Signature