

# Ralph Regula School of Computational Science

## Application for Host Institution Class Enrollment

Complete all items below. Obtain your Regula Advisor's signature. Sign and return the form to the registrar's office of your **home** institution. You will be registered for the class(es) indicated below at the host institution. You are responsible for observing *all* host institution registration, drop/add and withdrawal deadlines. For students *enrolled in a public institution*, the host institution will accept the residency status recorded by the home institution. For students *enrolled in a private institution*, the host institution will conduct a residency determination. See the Ralph Regula School web site for details. **If enrolling in classes at more than one host institution, you must complete and submit a separate form for each.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Other name(s) used previously: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Permanent Mailing Address: \_\_\_\_\_  
(Number and street. If P.O. Box, number and street also required)

City State Ohio County Zip

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(include area code)

Gender:  Female  Male Ethnicity: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Most recent high school attended: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
Name of High school City State

Prior College Degree & Institution (if applicable): \_\_\_\_\_

Home Institution: \_\_\_\_\_ Host Institution: \_\_\_\_\_  
Institution for your primary registration and degree program Institution offering the courses in which you are requesting enrollment

### Class(es) in which you are enrolling:

1) _____	_____	_____	_____
Host Course Number and Class Section	Host Institution Term & Year	Host Institution Credit hours	Home Course Equivalency
2) _____	_____	_____	_____
Host Course Number and Class Section	Host Institution Term & Year	Host Institution Credit hours	Home Course Equivalency

I affirm that the information I have provided on this application is complete and accurate. Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I hereby authorize both my home institution and the host institution from which I am taking this course to exchange registration and withdrawal information regarding my enrollment in the class(es) noted on this form. I also authorize the host institution to release an official copy of my end-of-term host institution transcript to my home institution. I understand that my home institution will charge appropriate tuition and fees to me for my enrollment. I agree to abide by the class schedule and all course drop and/or withdrawal dates established by the host institution from which I am taking these classes.

Student Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed by the Home Institution

Home Institution: \_\_\_\_\_

**Regula Faculty Advisor:** *I hereby certify that the student named above is authorized to enroll in the host institution class(es) noted and that returning credit will be recognized as indicated.*

Advisor Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail : \_\_\_\_\_

**Registrar's Office:** Home institution residency status:  In-state  Out-of-state

*I hereby certify that as of this date this institution maintains the indicated residency status for the student named on this form, that this student is in good academic standing, and that the student currently may enroll in classes at this institution.*

Registrar Official (print): \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_