

Name: Last, First, Middle		BGSU ID #	UT ID #
Mailing Street Address		Phone #	Date of Birth
City, State, Zip		<b>Residency</b> Ohio <input type="checkbox"/> Monroe County <input type="checkbox"/> Other <input type="checkbox"/> If other, County and State of Residence	
<b>Enrollment Requested for:</b> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> 20____	<b>Home Institution</b> BGSU <input type="checkbox"/> UT <input type="checkbox"/>	<b>Current Academic Standing at Home Institution:</b> <input type="checkbox"/> In Good Standing <input type="checkbox"/> Not In Good Standing	<b>Have You Attended the Host Institution Previously?</b> <input type="checkbox"/> Yes If Yes, Date Last Attended: <input type="checkbox"/> No

**Schedule of Courses at Home Institution**

Call Number (5 digit #)	Department/Subject	Course Number	Section	Credit Hours	S/U Grade	Audit

Registrar's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Schedule of Courses at Host Institution**

Call Number (5 digit #)	Department/Subject	Course Number	Section	Credit Hours	S/U Grade	Audit

Registrar's Signature: \_\_\_\_\_ Date \_\_\_\_\_

College Dean/Advisor Approval: Courses Approved for Credit Towards Degree (The student is responsible for obtaining college permission)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Student Signature:** By signing, I attest that all information is accurate and I will report any changes to the above information to the Home Institution.

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

<b>For Office Use Only</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Credit Hrs Enrolled At: BGSU _____ UT _____	Total Credit Hours: _____	Fees Paid At: <input type="checkbox"/> BGSU <input type="checkbox"/> UT	Student Class Rank: <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Other <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior
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