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The University of Toledo Graduate School

Application for Enrollment as a Guest Student

Name Last	First	Middle		(Maiden)	Maiden) Date	
Legal Residence Home Address	Street	City	County	State	Zip Code	Telephone
Date of Birth		I Male □ Female				
Mailing Address	Street	City	State	Zip Code	Telephone	Email Address
Institution to whi	usly attended The University of ich credits should be transferred begree received from	d:		Degree		
If you have lived Dates you lived i	ived in Ohio <i>(Choose one.)</i> in Ohio less than 12 months, you n Monroe County, Michigan <i>(Chorada)</i> r admission to The University to Summer	our previous state of repose one.) Birth to	esidency was Present •• ENT STUDEN	:: t From/ t T for: Spring	o/ □ No	
Note: After comp a one-time applic term designated.	pleting the above information, procation fee of \$ 40.00. Upon valida	Student S	Signature Dean of the	Graduate Schoo	ol of The Univers	
THIS CERTIFIE	S THAT THE ABOVE NAME	STUDENT IS IN G	OOD STANI	DING AT		
	(Name of Home Institution)			(Address)		
Signatu	ure of Home Institution Dean			Institution	ı Seal	
** Not valid withou	out Institutional Seal **			montation	. Jour	

Rev 05/16/2006