

Name: Last, First, Middle		BGSU ID #	UT ID #
Mailing Street Address		Phone #	Date of Birth
City, State, Zip		Residency Ohio <input type="checkbox"/> Monroe County <input type="checkbox"/> Other <input type="checkbox"/> If other, County and State of Residence	
Enrollment Requested for: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> 20____	Home Institution BGSU <input type="checkbox"/> UT <input type="checkbox"/>	Current Academic Standing at Home Institution: <input type="checkbox"/> In Good Standing <input type="checkbox"/> Not In Good Standing	Have You Attended the Host Institution Previously? <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 _____

For Office Use Only <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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