



Guest Student Application Form

For students wanting to take classes but who are not seeking a degree at Anderson University.

I wish to attend Anderson University as a guest student during the _____ school term.
(semester/year)

Last Name _____ First Name _____ Middle _____

Social Security Number: _____ - _____ - _____ (optional) Birthdate: _____ (mm/dd/yy)

Permanent Address _____

Street

City

State

Zip

Permanent Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

E-mail Address: _____

Racial/Ethnic Group: (Although optional, the ethnic information is requested to fulfill reporting obligations to the Federal Government.)

Caucasian African American Hispanic Asian/American/Oriental American Indiana Prefer not to report

Have you ever been dismissed, suspended or placed on probation for poor scholarship or disciplinary reasons at Anderson University or any other college? ____ Yes ____ No

(If yes, please give details in a letter accompanying this application.)

Have you ever been convicted for commission of a felony? ____ Yes ____ No

(If yes, please give details in a letter accompanying this application.)

COLLEGE INFORMATION FOR TRANSFER USE ONLY:

Memo from Anderson University to Transfer Students:

After completing the information and your signature, please ask your Registrar to return this form to the **Director of Admissions, Anderson University, Anderson, IN 46012-3462.**

Since above student is already matriculated in another college or university and wishes to study at Anderson University during the (Fall, Spring, Summer) _____ semester in (year) _____ and will be excused from making formal application, it must be understood that if work is continued here at a later time toward a degree, it will be necessary to satisfy regular admission requirements.

Name of college in which currently enrolled: _____

College Address: _____

Street

City

State

Zip

From (year) _____ to _____

My class standing: Freshman Sophomore Junior Senior

I wish to take these courses as per Class Schedule (*You must go to Anderson University's Academic Advising office to register for these classes once accepted as a guest student. Payment in full must be received prior to registration for classes. Registration is subject to availability.*)

Dates	Department	Course No.	Course Title	Sem. Hrs. Credit

STATEMENT BY REGISTRAR OF ATTENDING COLLEGE:

This is to certify that this student is in good standing (<i>not on Academic Probation</i>), is eligible to return, and has permission to enroll at ANDERSON UNIVERISTY as a Guest Student for the _____ term of _____ year.	
Registrar (<i>printed name</i>) _____	
Registrar (<i>signature</i>) _____	Date _____

Please read the following statement thoroughly before signing...

The mission of Anderson University is to educate persons for a life of faith and service in the church and society.

Established and sustained within the free and open traditions of the Church of God, this university is committed to be a teaching-learning community of the highest order, engaged in the pursuit of truth from a Christian faith perspective.

We will build those quality programs that will enable each member of the university to become stronger in body, mind and spirit, to experience what it means to love God and neighbor, and to adopt Christ-like servant ways in all of life.

We expect that you will take your portion of the educational responsibility seriously. We prize students who strive for and maintain high moral and ethical standards and who can contribute to the quality of life in our campus community.

As a part of our commitment to a distinctive lifestyle and experience, the university prohibits possession and use of alcoholic beverages, illegal drugs, gambling, sexual misconduct, foul language, cheating, theft and conduct inconsistent with the goals and traditions of the institution. The use of tobacco, in any form, is not permitted on campus.

I understand that, if admitted as a "Guest Student" at Anderson University, I will honor all university academic and student conduct policies and regulations.

Signature _____ Date _____

Office Use Only:

ANDERSON UNIVERSITY APPROVAL:
_____ Date _____
Anderson University, Director of Admissions