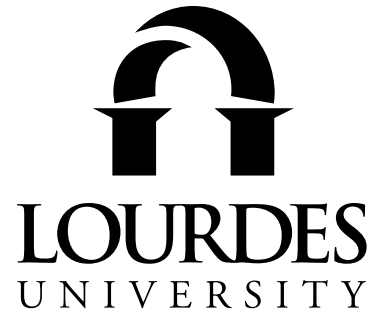


**Office of Admissions**  
**419-885-5291 • 1-800-878-3210**  
**Fax: 419-824-3916**



## GUEST STUDENT FORM

Upon receipt of this signed form and the completed Application for Admission, you will be notified by phone of your acceptance as a guest student at Lourdes University. **This form must be signed below by the Registrar or Academic Advisor in your home institution to verify that you are in good academic standing at a North Central accredited institution or other affiliated accrediting agency.**

<b>Name</b> _____
<b>Address</b> _____
<b>Phone: DAY</b> _____ <b>EVENING</b> _____
<b>SOCIAL SECURITY NO.</b> _____ <b>EMAIL</b> _____
<b>The above student, currently enrolled at</b> _____ <b>has permission to register for the following course/s at Lourdes University in the</b> <input type="checkbox"/> <b>Fall</b> <input type="checkbox"/> <b>Winter/Spring</b> <input type="checkbox"/> <b>Summer</b> <b>20</b> _____

Lourdes University CRN- REQUIRED	Course Title /Section	Day/Time	Credit Hours	Home Institution Equivalent Course Number

Registrar/Advisor \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

### Student Information:

- A faxed copy of this form can be used temporarily until the original arrives.
- Students are responsible for requesting an official transcript of these guest credits to be sent to the Office of the Registrar at their home institution.

**Please return a completed form to:** **Lourdes University**  
**Undergraduate Admissions Office**  
**6832 Convent Blvd**  
**Sylvania, OH 43560**  
**Fax: 419-824-3916**  
**LUadmits@lourdes.edu**