

OGLETHORPE UNIVERSITY

APPLICATION FOR TRANSIENT ADMISSION

THE FOLLOWING ITEMS ARE REQUIRED FOR ADMISSION:

1. Completed Application Form
2. \$40.00 non-refundable application fee
3. Proof of current enrollment in good standing at an accredited institution (either an official transcript or a letter of good standing is acceptable).

✕ Transient students may enroll for as many as 16 semester hours. Students desiring to enroll for additional courses must apply as regular, degree-seeking candidates. Transient students must meet prerequisites for all classes for which they apply.

✕ Transient students are not eligible for financial aid. Please contact the Office of Admission for current tuition and fees.

✕ It is the responsibility of the student to secure authorization for the transfer of credits taken at Oglethorpe University.

APPLICANT INFORMATION

Name: _____ **SSN:** _____
(Last) (First) (Middle)

Mailing Address: _____ **Home phone:** _____
(City) (State) (Zip Code)

Email address: _____ **Cell phone:** _____

Gender: Male Female

Birth date: _____ **Birthplace:** _____ **Marital status:** _____

Are you a US Citizen?: Yes No **If not, of what country are you a citizen?** _____

Ethnic Group (Optional)

Asian (including the Indian subcontinent) American Indian or Alaskan Native Black or African American

Hawaiian or other Pacific Islander Hispanic or Latino Caucasian

Other (please specify) _____

***In case of emergency please contact:** _____
(Name) (Telephone) (Relationship)

ACADEMIC INFORMATION

Institution last attended: _____ **Location:** _____

Dates of Attendance: _____ **Graduation Date:** _____

Other Schools Attended: _____

OGLETHORPE PLANS

Expected semester of entrance: Fall 20____ Spring 20____ Summer 20____ Day classes

Please list the course(s) you wish to take: Evening classes

Course Number	Sec#	Course Title	Instructor	Time	Days

I certify that all the above information is correct to the best of my knowledge. Providing incomplete or inaccurate information may be cause for immediate dismissal. If accepted as a student at Oglethorpe University, I agree that, during such time as I may be enrolled as a student, I will abide by all the rules, regulations, practices and policies of Oglethorpe University as they may be at the time of admission or as they may be changed during my continuance as a student.

Signature of Applicant: _____ **Date:** _____

Office of Admission ✕ 4484 Peachtree Rd, NE ✕ Atlanta, GA 30319 ✕ O: 404-364-8307 ✕ F: 404-364-8491

Oglethorpe University makes no distinction in its admission or financial aid policies or procedures on the grounds of age, race, gender, religious beliefs, color, sexual orientation, national origin or physical disability.