
Guest Student Application

GUEST STATUS is considered for those individuals who:

- wish to take one or two courses for the purpose of personal enrichment (not for the purpose of pursuing a degree) from Taylor University Fort Wayne.
- desire to take one or two courses at Taylor for the specific purpose of transferring the credit earned to a parent institution.

No more than 24 total hours of credit from Taylor may be earned before a student must apply to Taylor for degree-seeking status. This does not apply to Taylor graduates. When a student's status changes from Guest to Regular (beginning of degree program), the applicant is required to complete degree requirements that are currently in effect for that program. **Guest students are not eligible to receive financial aid.**

BIOGRAPHICAL INFORMATION (please print)

Last name	First name	Middle name	Maiden	Social Security Number
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Permanent home mailing address	City	State	Zip
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Month _____	Day _____	Year _____	
Date of Birth				Home telephone number

E-mail address: _____	Cell phone number
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U.S. Citizen: Yes No If no, what is your current immigration status? Non-Resident Alien Resident Alien (green card)

Ethnicity (Your response to this is voluntary and will not be used in a discriminatory manner.):

- White, Non-Hispanic
- Black, Non-Hispanic
- Asian
- Hispanic or Latino
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Other _____

Church you regularly attend	Pastor's name
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How did you first hear about Taylor Fort Wayne? _____

Your marital status: Single Married Widowed Divorced Spouse's name: _____

Have you ever been convicted of a crime, other than a minor traffic offense, in any state? Yes No If yes, please provide details. In addition, if you were not convicted of a crime, but you did participate in a diversion program (or any other program in which you participated as an alternative to prosecution and/or conviction), **please provide all details on a separate sheet of paper.**

EDUCATIONAL/VOCATIONAL DATA

Name of high school	City	State	Date of Graduation
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Highest Degree Attained: GED High School Diploma Bachelor's Master's Doctorate

List the two most recent places of employment:

Employer	City	State	From	To
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Employer	City	State	From	To
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BIOGRAPHICAL PROFILE

This section must be completed before your application will be evaluated. Briefly describe your own history and goals related to your personal growth.

Vocation:

Academic:

Social:

Why do you wish to enroll as a Guest student at Taylor Fort Wayne?

Have you accepted Jesus Christ as your Savior? Yes No If yes, describe your relationship to Jesus Christ. If no, describe why the Christian emphasis at Taylor appeals to you.

AFFIRMATION

It is my desire to maintain the expectations of Taylor University. I have read the Life Together Covenant and accept these responsibilities as a participant in the Taylor community.

Signature

Date

Term of anticipated enrollment:

Fall - September Interterm - January Spring - February Summer - May Session Summer - June Session

Year of anticipated enrollment: _____

Have you previously taken a class at Taylor University? Yes No If yes, when? _____

I am taking this course: For credit For audit **YOU MAY NOT AUDIT ANY APPLIED INSTRUCTION COURSES (i.e. music lessons)**

PLEASE MAIL THIS COMPLETED FORM, ALONG WITH \$45 TO:
(This fee includes a \$20 application fee and a \$25 registration deposit. The registration deposit will be added to your account.)

**OFFICE OF ENROLLMENT SERVICES
TAYLOR UNIVERSITY FORT WAYNE
1025 WEST RUDISILL BLVD.
FORT WAYNE, IN 46807**

Please complete the enclosed registration form and return with your application.

<i>Admissions Office Use Only</i>	
Guest _____	
Transition to Teaching _____	
Credit _____	Audit _____

STUDENT REGISTRATION

TAYLOR UNIVERSITY

FORT WAYNE

(use separate registration form for each term)

Student ID _____	Last Name _____	First Name _____	Initial _____
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Term _____	Fall _____	J-Term _____	Spring _____	Summer _____	(1) (2) (3) circle one	Year _____
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Advisor Signature _____	Date _____
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Should you decide not to return after registering for classes, it is YOUR responsibility to drop your classes in the Registrar's Office and go through the appropriate withdrawal procedures. Failure to do so will result in your being held accountable for all charges! By signing this registration, I acknowledge that it is my responsibility to go through the appropriate withdrawal procedures, if necessary, and that I will be held accountable for any charges and any academic consequences incurred:

Student Signature _____	Date _____
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CRS	CRS NO.	CRN#	TITLE	DAYS	TIME	CREDIT HOURS
BIB	110	31005	BIB Lit 1	M, W, F	9-9:50 a.m.	3 hrs - <u>example only</u>

ALT CRS	ALT NO.	ALT CRN#	ALT TITLE	DAYS	TIME	CREDIT HOURS
ENG	110	32641	Expository Writing	M, W, F	9-9:50 a.m.	4 hrs - <u>example only</u>