



**GUEST STUDENT
ENROLLMENT APPLICATION**

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Birth date: _____ Gender: Male Female

High School or College attended: _____

Please list the course in which you wish to enroll.

COURSE SELECTION		
Semester/Year	Course prefix/number	Title of Course

I intend to enroll: For Credit For Audit (no credit)

I agree to abide by payment policies as stated in the Manchester University *Catalog*. I understand that I am responsible for all outside costs incurred in collecting the balance due.

Student signature

Date

Return this form to: Lila D. Hammer, Registrar
Manchester University
604 College Ave.
North Manchester IN 46962

Or Fax: 260-982-5451
Or email to: registrar@manchester.edu