Wilkes University
Application and Registration for Visiting Students

(Please Print Legibly)

NAME: _____
(last) (first) (middle) (maiden)

HOME ADDRESS: _____
(number and street) (city) (state) (zip code)

SOCIAL SEC #: _____ **TELEPHONE**: (_____)_____ **VETERAN**: Yes____ No____

EMAIL ADDRESS: _____ **BIRTHDATE**: _____/_____/_____
(mo) (day) (year)

FEMALE ____ **MALE** ____ **U.S. CITIZEN?** Yes____ No____ **PENNSYLVANIA RESIDENT?** Yes____ No____

CURRENT COLLEGE: _____ **GRADUATION DATE**: _____
(name) (city)

ETHNIC BACKGROUND (optional, compiled for statistical purposes only)
How do you describe yourself?
____Black _____Asian or Pacific Islander ____American Indian or Alaskan Native
____Hispanic _____Caucasian ____Other (please specify) _____

Please indicate your reason for applying to Wilkes University:
___Reputation ___Location ___Course Selection ___Cost ____ Family/Friend ___Other (please specify)

ACADEMIC SESSION:
____ Fall Semester ____ Spring Semester ____ Summer Session I
____ Winter Intersession ____ Summer Pre-Session ____ Summer Session II

ACADEMIC YEAR: _____

COURSES SELECTED:

CRN	COURSE & NO.	SEC.	COURSE TITLE	M	T	W	R	F	WKD	CREDITS

*Note: If the course you are requesting to register for has any pre-requisite or co-requisite requirements, the student must submit a copy of their transcript with this registration showing that the requirement is met. It is also the student's responsibility to obtain permission to attend Wilkes University and secure approval of transferability of the above courses form the home institution's registrar or other official as appropriate prior to registration.

I have carefully completed the above as accurately as possible. I understand that any misrepresentation of the facts on this application may result in the refusal of admission or dismissal if subsequently discovered. All materials submitted with this application become the property of Wilkes University. Should you be accepted, such material will be released only to authorized personnel of the University to be used for counseling and statistical purposes.

Applicant's Signature: _____ Date: _____

Please submit this form by:
Email: registrar@wilkes.edu, or
Fax: to 570.408.4961, or
Mail: Registrar's Office, 84 W. South St,
Wilkes-Barre, PA 18766.

WILKES
UNIVERSITY

Consistent with Federal regulations, Wilkes University provides information regarding graduation and persistence rates, campus crime statistics, athletic participation rates, financial support data and job placement information. If you wish to receive any of these reports, please contact the Office of Part-Time Programs to request the specific information you require.