



**FRANCISCAN UNIVERSITY OF STEUBENVILLE
TRANSIENT APPLICATION**

Students who wish to attend classes at Franciscan University of Steubenville, but remain enrolled at their present college or university are eligible to apply as a “transient” student using this form. Transient students must have a cumulative GPA of a 2.2 or higher at their present institution.

After completing this form, it must be signed by the appropriate official at the enrolled college or university indicating approval. Once this completed form is received by FUS, the student will be registered for the desired class(es), as space is available, and a copy of the schedule will be mailed to the student. Please complete a separate application for each semester of interest.

Name (Please print) Last _____ First _____ Middle _____

Address _____
Street City State Zip

Phone _____ **Email** _____ **SS#** _____ **Birthday** _____

Federal law requires that Franciscan University gather the following information regarding the ethnicity and race of its students. The law only requires educational institutions to report aggregate totals for each category. Therefore, Franciscan University will never report information on individuals. We will keep your individual information strictly confidential. This information is for statistical purposes only and will not be used in the admissions decision.

Are you of Hispanic or Latino descent? (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture) Yes No

What is your race? American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
(Select one or more)

Are you a U.S. citizen? Yes No If not a U.S. citizen, of what country are you a citizen? _____

Have you previously attended Franciscan University? _____ If yes, please indicate semester: _____

I wish to enroll as a transient student for the (check one): _____ Fall Semester 20__ _____ Spring Semester 20__
_____ Mini Summer 20__ _____ First Summer 20__ _____ Second Summer 20__

I plan to register for the following courses at Franciscan University of Steubenville:
(For a list of course offerings, go to <https://myfranciscan.franciscan.edu/ics>; click on “course search” and choose the semester)

| Dept # | Description | Credits | Time |
|--------|-------------|---------|------|
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| | | | |
| | | | |

Date _____ **Signature** _____

I have consulted Franciscan University’s on-line catalog at www.franciscan.edu/undergraduate-catalog and verify that I have completed any pre-requisite requirements for my course selection above.

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This is to certify that the above named student is granted permission to enroll at Franciscan University of Steubenville.

Name of college or university Address

Signature & Title of College/University Official Student’s cumulative GPA Date