



FRANCISCAN UNIVERSITY OF STEUBENVILLE AUSTRIAN PROGRAM

INTERNATIONAL TRANSIENT STUDENT APPLICATION

Students enrolled at other universities who wish to attend classes at Franciscan University of Steubenville's Austrian Program may 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 student's home institution. Once this completed form is received by FUS, the student will be registered for the desired classes. A minimum of 12 credits is required.

Name Last _____ First _____ Middle _____

Address _____

Mobile Phone _____ Email _____ SSN _____ Birthday _____

Do you have a valid passport? Y N When does your passport expire? _____

Parent Name(s) (optional): _____ Parent Email (optional): _____

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? Y N 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: Fall Spring Summer Year: _____

I plan to register for the following courses at Franciscan University of Steubenville's Austria program:

Course Number	Course Title	Credits	Time
1)			
2)			
3)			
4)			
5)			

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

Signature _____ Date _____

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

Name of college or university

Signature & title of college/university official

Student's cumulative GPA

Date