

OFFICE OF THE REGISTRAR
THE DEFIANCE COLLEGE



**GUEST/VISITING/NON-DEGREE STUDENT
APPLICATION**

Have you ever attended Defiance College? ☐ Yes ☐ No If so, dates attended: _____

Last Name First Name Middle Name Date of Birth

Street Address City State Zip Code

Social Security# ____-____-____ Day Telephone (____) ____-____

Personal email: _____

Last college attended and date of attendance: _____

Do you have an international immigration visa? ☐ Yes ☐ No If yes, list classification (F1, J1, etc.): _____

I am applying for admission to Defiance College as a guest student for: ☐ Fall ☐ Spring ☐ Summer Year: _____

Please indicate the Defiance College courses you wish to take:

Course # _____	Course # _____	Course # _____
Credit Hrs _____	Credit Hrs _____	Credit Hrs _____

I understand that I am responsible for tuition for the above selected courses. The current tuition rates are published each year in the Undergraduate or Graduate Academic Catalog. In the event that I leave Defiance College with an outstanding student account balance, College services may be withheld (e.g., grades, transcripts, diploma, class registration), fees may be added, and/or the outstanding balance may be placed with a third-party collection agency. Collection fees, which may be based on a percentage at a maximum of 33% of the debt, and/or reasonable attorney fees, will be added to student balances placed for collection. In the event that my account is delinquent, I authorize Defiance College and anyone acting on its behalf, to contact me regarding my unpaid balance at any current or future phone number, cellular number, or via other wireless device using automated telephone dialing equipment or artificial or prerecorded voice and/or text messages.

Student Signature

Date

If you are currently enrolled at another college or university, you must have the Registrar of that institution (your home institution) approve your enrollment at Defiance College as a guest/visiting student.

(see second page)

TO BE COMPLETED BY HOME INSTITUTION REGISTRAR:

This is to certify that the above student is in good standing and has permission to enroll as a transient student at Defiance College.

Name of Institution	Address	City	State	Zip
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Signature	Name	Title
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Please return this form to:

Defiance College, Registrar's Office, 701 N Clinton St., Defiance, OH 43512

DEFIANCE COLLEGE REGISTRAR'S OFFICE:

Date Processed: _____ Staff Initials: _____ Student Notified: _____