



Marietta College

GRADUATE, TRANSIENT & CONTINUING STUDIES REGISTRATION FORM

Name _____ Social Security # _____

Address _____

City, State, Zip _____

Home Telephone # _____ Cell Phone # _____

Email _____

If new Student:

Birth Date _____ Gender: Male ____ Female ____

Ethnicity: Hispanic ____ Non-Hispanic ____ Race: _____

College Currently Attending (if any) _____

Employer (optional) _____

Semester	Course #	Title	Credit Hours

Student Signature _____ Date _____

Transient Students: Please also provide a transient letter or verification of enrollment from your home institution.

Return this form to the Registrar's Office,
Room 210 Irvine Hall; fax to 740-376-4729; or email to perduet@marietta.edu

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