



## VISITING STUDENT REGISTRATION

*Complete form, print, sign and submit to the Registrar's Office:*

**Mail:** Juniata College  
Office of the Registrar  
1700 Moore St  
Huntingdon, PA 16652

**Fax:** (814)641-3199

**Email as PDF:** [registrar@juniata.edu](mailto:registrar@juniata.edu)

Questions? Please contact Ashley Koehler at [koehlea@juniata.edu](mailto:koehlea@juniata.edu)

<b>STUDENT RECORD INFORMATION:</b> <i>Please type or print clearly</i>		
Current Name: Last	First	Middle
Mailing Address:		
Phone:	Email:	Date of Birth:
Social Security Number:     -   -   -	Are you a Juniata College employee or dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Campus Housing Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your first time enrolling at Juniata College: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>OPTIONAL:</b>		
Race: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Ethnicity: <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Religious Affiliation:	

SUBJECT	COURSE #	SECT. #	COURSE TITLE	SEMESTER	DAY(s)	TIME	CREDITS

**ALTERNATE COURSE:**

SUBJECT	COURSE #	SECT. #	COURSE TITLE	SEMESTER	DAY(s)	TIME	CREDITS

**Financial Agreement:** *By registering for classes, you are entering into a legally binding obligation to pay all tuition, fees and other charges connected to this registration. If you fail to pay this obligation by scheduled due dates, you may have to pay additional costs associated with any collection efforts, including late fees, attorney's fees, collection agency commissions, court costs and other costs that might be incurred by the College in its collection efforts.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

<b>HIGH SCHOOL STUDENTS:</b>			
Required to have authorization from the guidance counselor or principal			
_____ Signature of Support Person	_____ High School Attending	_____ Title	_____ Date
Is the student approved for the Free & Reduced Price School Meal Program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Please provide a parental email for billing purposes:</b>			

**Full-time JUNIATA students** need both advisors signatures:

\_\_\_\_\_  
POE Advisor Approval

\_\_\_\_\_  
General Advisor Approval

\_\_\_\_\_  
Processed by