

# Registration Form for Visiting Students

**Registrar's Office**  
160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 621-8285 • Fax (909) 607-7285 • student.records@cgu.edu

Individuals who are not seeking a degree at Claremont Graduate University (CGU) must complete this form and obtain the appropriate signatures in order to register for classes. Visitors should consult the CGU website for [current fees](#) and [Academic Calendar](#) deadlines. Submit your completed registration form to the Registrar's Office and pay your fees to Student Accounts. Both offices are located in the Student Affairs Office. PAYMENT IS REQUIRED at the time of registration.

**Note:** This application may not be used as a substitute for the CGU Application for Admission process.

## Student Information

**Check One:**  Alumni  Exchange  Summer Student

CGU ID# (if previously attended): 254 - \_\_\_\_\_

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Other/Previous Names \_\_\_\_\_ Preferred First Name \_\_\_\_\_

U.S. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Citizenship Country \_\_\_\_\_ Visa Type (if applicable) \_\_\_\_\_

Birth Country \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

(If different)

## Current Educational Information

Your College/University Name	Location	Degree	Major	Dates of Attendance

CGU Registration (Please complete each column in this section) Semester \_\_\_\_\_ Year \_\_\_\_\_

Subject	Catalog #	Class # (4 digits)	Course Title	√ if Audit	Instructor Name	Instructor Signature	# of Units

I certify that the information I have provided on this application form is complete and accurate, and in accordance with the terms specified in the [CGU Bulletin](#), I will pay all tuition and fees that are due for this semester. (For information visit [Student Accounts](#).)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Academic/Sponsoring Department Approvals

Dean/Director Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. Admin. Review \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit Completed Form to Registrar's Office**