

## **GUEST REGISTRATION FORM**

☐ SUMMER I

☐ SUMMER II

☐ SPRING

SESSION:

currently enrolled, m	ust complete and s	ring for the first time a ubmit this form. ithout a EU student ID			attended Easte	rn University	/ but are not
		Stud	ent Information				
Full Name:	Last			First		M.I.	Gender
Address:				Filst			
	Street Address					Apartmer	nt/Unit #
	City				State	ZIP Code	
Home Phone:			Cell Phone:				
Email							
SSN/EU ID#							
Birth Date:		Homeschool:					
Emergency Contact:							
Emergency Contact Phone:							
		R	Registration				
Dept Course Number	Section Number		Title			Meeting Days	Credits

**Eastern University** Office of the Registrar 1300 Eagle Rd St. Davids, PA 19087 610-341-5853 FAX: 610-341-1707

registrar@eastern.edu