REND LAKE COLLEGE
VISITING STUDENT FORM

Term for registration: Summer _____ Fall _____ Spring _____ 20_____

Social Security Number _____ - ____ - _____ Current University_____

Name _____ Phone (   ) _____-_____
       last   first   middle   previous name(s)

Address_____
      street   city   state   zip   county

E-mail address:_____

REG/ ADD	COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	SEMESTER HOURS
☐				
☐				

_____ **(Initial) I acknowledge and agree that I am financially responsible for the timely and full payment of tuition, fees, and costs resulting from his/her enrollment at Rend Lake College in accordance with existing law and College policy.**

_____ **(Initial) As a visiting student, I elect to self-advise and accept full responsibility for my selection of courses and understand that it is my responsibility to confirm the transferability of these courses to my current university.**

Student signature_____ **Date**_____

VISITING STUDENT CONSENT FORM
(This portion only needs to be completed if a parent/guardian is completing the registration for the student.)

I _____ authorize _____
 Printed Student Name   Parent/Guardian/Spouse Printed Name (Circle One)

to register me for the course(s) listed above. I understand that this consent is only good for the current semester and only allows for information to be exchanged for registration purposes.

_____ _____
Student Signature   Date

_____ _____
Parent/Guardian/Spouse Signature   Date