



Transfer Student Registration Form

Welcome to Owens Community College!

*As a guest student at Owens Community College, you may fax this form to the Records Office at (567) 661-7418. By doing this, you are entitled to register for classes without meeting with an academic advisor. Students accept responsibility for the accuracy of their course placement. By signing this form, I confirm that **I am financially and academically responsible for these courses.***

Please indicate the semester in which you wish to register:

_____ Spring _____ Summer _____ Fall

_____ Student Printed Name

_____ Social Security Number

_____ Telephone Number with area code

_____ Street Address _____ City _____ State _____ Zip

_____ Date

_____ Student Signature

FAX NUMBER WE CAN REPLY TO (include area code): _____

CRN	COURSE NUMBER	SECTION	COURSE TITLE	CREDIT HOURS

You may check your schedule on your Pipeline Account. Visit www.owens.edu to log onto Pipeline.

Billing options:

___ Please bill me later

___ I would like to make a payment at this time.

Credit Card: Discover Mastercard Visa Amount Charged: _____

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Credit Card Account Number

Mo. Yr.
Expiration Date

****Check or money order made payable to: Owens Community College**

Toledo Campus – Oregon Rd., PO Box 10,000, Toledo OH 43699-1947
Findlay Campus – 300 Davis St., Findlay OH 45840-3600