I certify the above information is accurate. Signature: _______________________________. Date: ___/___/____.

II. Course Selections (Note: To check prerequisites in the Temple University Bulletins, go to: www.temple.edu/courses)

Please register me for the following courses. (If you plan to transfer these credits to another college, please complete visiting student authorization form below).

<table>
<thead>
<tr>
<th>CRN (Course Reference Number, e.g. 000-000)</th>
<th>Dept. Name (History, etc.)</th>
<th>Course Number (e.g. C068)</th>
<th>Sec. # (e.g. 011)</th>
<th>Course Title (e.g. History of U.S.)</th>
<th>Credit Hours</th>
<th>U (undergraduate)</th>
</tr>
</thead>
<tbody>
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<td>1.</td>
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</tr>
</tbody>
</table>

III. Payment

Once registration is processed, you are required to activate your AccessNet user account. This will allow you to log in to the TUportal.

Please use this along with the instructions you will receive to activate your account. Billing and payment information will be sent to your TU e-mail account, or you can check the Bursar’s website at http://www.temple.edu/bursar.

Visiting Student Authorization Form

This section should be filled out by an authorized representative of the visiting student’s home institution. This is to certify that this student is authorized to take the course(s) listed above at Temple University. The student has been informed of any applicable academic criteria, policies and/or procedures regarding the transfer of credits. (Note: Transcripts (copies) must be attached.)

Name of Institution______________________________________________________

Institution Representative Name (print)_____________________________________

Signature____________________________________________________________________

Title____________________________________Telephone No.________________________