



# TEXAS LUTHERAN UNIVERSITY

## Transient Student Application

Section A is to be completed by the student. Section B is to be completed by the Registrar of the University student is now attending.

### SECTION A: TO BE COMPLETED BY STUDENT

Name: \_\_\_\_\_ TLU ID # \_\_\_\_\_  
Last First Middle or Maiden

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street Apartment No.  
\_\_\_\_\_  
City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Citizenship:  U.S.  Permanent resident, U.S.  Country of citizenship \_\_\_\_\_

I previously attended Texas Lutheran University:  Yes  No

Ethnicity:  Not Hispanic/Latino  Hispanic/Latino  
Race (check all that apply):  American Indian  Asian  Black or African American  
 White  Native Hawaiian or other Pacific Islander

I request approval to register as a transient student:  
 Fall Semester 20\_\_\_\_  Spring Semester 20\_\_\_\_  Summer 20\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B: TO BE COMPLETED BY PARENT INSTITUTION

To be completed by the Registrar of the University student is now attending.

This is to certify that the above-named student is in **good standing** at

\_\_\_\_\_  
Name of Institution Location

and has permission to enroll as a transient student at **Texas Lutheran University**.

CGPA: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:  
**Registrar**  
**Texas Lutheran University**  
**1000 West Court Street**  
**Seguin, TX 78155-5999**

(College Seal)

## Meningitis Vaccination Notification

In addition to completing the transient student application and registering for classes, there is an additional step you must complete in order to be admitted to TLU. Texas state law requires all students attending an institution of higher education to be immunized against bacterial meningitis. According to the law, all students must be immunized or receive a booster shot during the five-year period preceding their enrollment and at least 10 days prior to the start of the term.

Evidence of vaccination can include any of the following:

- The signature or stamp of a physician or his/her designee, or public health personnel on a form which shows the month, day, and year the vaccination dose or booster was administered; or
- An official immunization record generated from a state or local health authority; or
- An official record received from school officials, including a record from another state

You are exempt from the new law if:

- You are 22 years of age or older; or
- Your physician signs an affidavit which states that the vaccination would be injurious to your health or well-being; or
- You complete the Texas Department of State Health Services conscientious exemption form

Please submit your proof of vaccination to the Office of Registration and Records.

If you have any questions, feel free to contact the Office of Registration and Records at 830-372-8040. I look forward to seeing you on campus.

Glenn Yockey  
Registrar