

SUMMER SESSION REGISTRATION FORM

Student Name _____ Student ID Number _____

Home College _____ Email Address (that you check regularly) _____

Campus Mailing Address or Box Number _____

Local Telephone Number (where you can be reached) (____) _____ dorm cell other

ACCELERATED TWO-WEEK SESSION: MAY 20 – MAY 31 (PLEASE SELECT UP TO TWO COURSES PER SESSION)

COURSE TITLE _____ COURSE NUMBER _____

1. _____

2. _____

TWO-WEEK SESSION ALTERNATES

COURSE TITLE _____ COURSE NUMBER _____

1ST ALTERNATE _____

2ND ALTERNATE _____

3RD ALTERNATE _____

SIX-WEEK SESSION: MAY 20 – JUNE 28 (PLEASE SELECT UP TO TWO COURSES PER SESSION)

COURSE TITLE _____ COURSE NUMBER _____

1. _____

2. _____

SIX-WEEK SESSION ALTERNATES

COURSE TITLE _____ COURSE NUMBER _____

1ST ALTERNATE _____

2ND ALTERNATE _____

3RD ALTERNATE _____

Some courses may fill or may be cancelled if they do not meet minimum enrollments. In such cases, you will be given the option of selecting alternate courses. Please be sure to write in alternates in the box above, in order of preference. Courses will be finalized by April 30th, 2019.

STUDENT SIGNATURE DATE

FOR OFFICE USE ONLY

STUDENT ACCOUNTS: Date Paid: _____ Supervisor Signature: _____

REGISTRAR: Date Processed: _____ Initials _____

NON-PITZER STUDENT INFORMATION FORM

Print Full Name _____
First Middle Last

Student ID # _____ College You Attend* _____ Class _____

SSN (optional) # _____ Sex: M F Birthdate _____ Birthplace _____

Contact Information (where applicable) On Campus (____) _____
Cell (____) _____
Off Campus Local (____) _____
Permanent (parents, etc) (____) _____
Email (that you check regularly) _____

Permanent Home Address _____
Street Address

City, State, Zip

Mailing Address _____
If different from permanent address Street Address

City, State, Zip

Summer Address** Start Date _____ End Date _____

Street Address

City, State, Zip

To which of the addresses above should your **bill** be sent? _____

To which of the addresses above should your **grades** be sent? _____

Automobile _____
Make Model License Plate #

Are you a citizen of the US? Yes No (If no, please name country of citizenship) _____

Are you Hispanic or Latino? Yes No

Select one or more of the following races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

***Please send your unofficial transcript and Registration Form to Pitzer College Registrar’s Office, Fletcher Hall 102.**

****For information on housing, please contact (909) 607-3896 or email Housing@pitzer.edu**

Signature (student or parent/legal guardian) _____

FOR OFFICE USE ONLY

Date Processed: _____ Initials _____

MEDICAL INSURANCE / EMERGENCY INFORMATION FORM

MEDICAL INFORMATION/SPECIAL REQUEST:

Do you have a disability for which you request special accommodation? Yes No

If you checked "yes" please indicate the disability and request for accommodation:

PROOF OF MEDICAL INSURANCE:

It is the policy of Pitzer College that all students enrolled at the College must carry medical insurance. Coverage must be for the entire session and may be through a personal policy or a family policy. You are not permitted to enroll in summer courses if verification of coverage is not provided.

I am covered by Claremont Colleges Insurance Annual Spring and Summer
 Private Insurance If private, please complete insurance information below:

<i>Name of insurance company</i>	<i>Policy Number</i>
<i>Street Address</i>	
<i>City, State, Zip</i>	<i>Telephone</i>

NOTIFY IN CASE OF EMERGENCY:

Name _____	Name _____
Relationship _____ Daytime	Relationship _____ Daytime
Phone _____ Evening	Phone _____ Evening
Phone _____ Other	Phone _____ Other
Phone _____	Phone _____

Allergies or special medical conditions: _____

PLEASE NOTE: Baxter Medical Center will **not** be open during the summer. If ongoing care is required, students should make arrangement for these services independently. It is suggested that students make sure they have an adequate supply of prescription medications prior to the end of the regular academic year.

Signature (student or parent/legal guardian) Date