

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

ADVISOR SIGNATURE

DATE

FOR OFFICE USE ONLY

Date Processed: _____

Initials _____