

UNIVERSITY OF RICHMOND SUMMER SCHOOL Application/Registration Form

_____ Registering for _____
 I.D. Number TERM YEAR

OFFICE USE

 Registration Approved by

NAME _____
 LAST NAME – COMMA – FIRST NAME- COMMA – MIDDLE NAME OR INITIAL

IF ENROLLED UNDER A DIFFERENT NAME _____

ADDRESS _____ (PE PERMANENT) _____ (CM CAMPUS LA LOCAL EB EMPLOYER/BUSINESS)

STREET 1 _____

STREET 2 _____

STREET 1 _____

STREET 2 _____

CITY _____ STATE _____

CITY _____ STATE _____

ZIP CODE _____

ZIP CODE _____

PHONE (_____) _____

PHONE (_____) _____

PERMANENT RESIDENT OF: Virginia City _____ Virginia County _____ Other State or Country _____

PERSONAL Sex _____ (M MALE F FEMALE) Religion _____ Date of Birth _____

Ethnic Group _____ (1. AMERICAN INDIAN/ALASKAN NATIVE 2. ASIAN/PACIFIC ISLANDER 3. BLACK NON-HISPANIC 4. WHITE NON-HISPANIC 5 HISPANIC 6. MULTI-CULTURAL)

HAVE YOU BEEN ACCEPTED INTO A UR DEGREE PROGRAM? _____ (Y YES N NO)

IF YES, WHAT DEGREE _____ (BA BS JD MBA BAS) Major _____

School _____ (A. A&S B. BUSINESS/UNDERGRAD C. CONTINUING STUDIES G. GRADUATE A&S J. LEADERSHIP STUDIES L. LAW M. BUSINESS/GRAD U. UNCLASSIFIED LIBERAL ARTS)

WERE YOU DISMISSED FROM A COLLEGE OR UNIVERSITY WITHIN THE LAST YEAR? _____ (Y YES N NO)

COMPLETE ALL SECTIONS

COURSE REFERENCE NO.	SUBJECT	COURSE NUMBER	SECTION	COURSE TITLE	BEGIN DATE	CREDIT HOURS

_____ CHECK attached

MASTERCARD OR VISA, CALL (877) 237-9734.
 There is a fee for using your credit card.

_____ If you need a receipt, check here.

DEPOSIT DUE FEBRUARY 14 \$ _____
Deposit and Forms should be returned to:
School of Continuing Studies
Summer School Office
University of Richmond, VA 23173

1st payment due March 4
2nd payment due April 11
Both payments should be sent to:
Students Accounts Office
Box R
University of Richmond, VA 23173

I agree to abide by the regulations approved by the faculty and published in the current Bulletin of the University of Richmond.

APPLICANT'S SIGNATURE _____

DATE _____