

Register Today!



Please Complete Entire Form!

Undergraduate Summer Sessions Registration Form

Social Security Number _____ Date of Birth _____ Citizenship _____

Last Name _____ First Name _____ M.I. _____

Home Address _____

City _____ County _____

State _____ Zip _____ Phone _____ E-mail _____

College You Currently Attend _____

Have you previously taken courses at The University of Scranton? Yes No
 Gender: Male Female

Optional

How would you describe yourself? (U.S. citizens only)

- American Indian or Alaskan Native Hispanic White, non-Hispanic
 Asian or Pacific Islander Black, non-Hispanic Other (specify) _____

Emergency Contact

Name _____ Relationship _____ Phone _____
 Street _____ City _____ State _____ Zip _____

SUM I or II	CRN	Dept. & No.	Section	Course Title

Summer Session tuition refund information:	100%	50%	No refund on or after
SUM I	June 5	June 8	June 9
SUM II	July 8	July 9	July 10

Condensed Courses: 100% tuition refund available on/before first day of class. No other refunds.

I accept registration at The University of Scranton subject to all rules, regulations and requirements as to conduct, scholarship and financial obligations, as set forth by the University. (Refer to *Undergraduate Catalog*.) I understand that I must give written notice for any withdrawal. I certify that all information provided above is correct.

Signature _____ Date _____

Mail to: College of Graduate and Continuing Education, The University of Scranton,
 O'Hara Hall, Room 201, Scranton, PA 18510-4582
 Fax to: (570) 941-5995