SUMMER REGISTRATION FORM
Office of the Registrar

Submission deadline posted online

_____

Last Firs Middle ID Number

_____

Street Address City State Zip Email

_____

Phone No. % L U W K G D W H

Course(s) in which you wish to enroll:

1. _____
   Dept/No. Title Units Instructor Signature

2. _____
   Dept/No. Title Units Instructor Signature

3. _____
   Dept/No. Title Units Instructor Signature

To enroll in a summer independent study this form must be accompanied by an Independent Study Contract.

To enroll in a summer internship, please go to the Hameetman Career Center (HCC) for approval. The HCC is located in the AGC, Room 109.

_____ _____
Student Signature Date

_____ _____
Student Accounts Office Signature Date

_____ _____
Registrar Signature Date