Summer School Application for Admission and Registration

Please note: Dickinson students may register themselves through Banner Self-Service and do not need to submit this form.

Name _____

          Last   First   Middle

Current Address _____ Cell Phone _____

_____ Home Phone _____

Mailing Address (after June 1) _____

E-Mail _____ SSN (optional) _____

Date of Birth _____ Gender: M ❑ F ❑ Current College or University _____

Current GPA _____ College year completed by start of program: SR ❑ JR ❑ SO ❑ FR ❑

Are you a US citizen? Yes ❑ No ❑ If not, please specify: _____

The following optional information will be used for federal reporting purposes only:

1. Are you Hispanic/Latino?
   - ❑ Yes (including Spain)
   - ❑ No

2. Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:
   - ❑ American Indian or Alaska Native (including all Original Peoples of the Americas)
   - ❑ Asian (including Indian subcontinent and Philippines)
   - ❑ Black or African American (including Africa and Caribbean)
   - ❑ Native Hawaiian or Other Pacific Islander (Original Peoples)
   - ❑ White (including Middle Eastern)

List CRN (4-digit Course Reference Number), subject, course number (eg. PHYS 105-01), and time offered. Be sure to indicate either CREDIT or AUDIT for each course.

SUMMER SESSION (2 course limit)

CRN_____ Subject_____ Course # _____Time _____ Credit ❑ Audit ❑

CRN_____ Subject_____ Course # _____Time _____ Credit ❑ Audit ❑

Dickinson College reserves the right to cancel any course with insufficient enrollment.

IMPORTANT NOTES:

Students from schools other than Dickinson College, please include a non-refundable $25.00 application fee with this form. Make check payable to Dickinson College.

You MUST include a letter from your institution indicating that you are in good academic standing and carry a minimum GPA of 2.5.

Return this form to: Office of the Registrar   OR fax to: (717) 245-1534
                          Dickinson College
                          PO Box 1773
                          Carlisle, PA 17013-2896

Student Signature _____ Date _____

Parent(s) Signature _____ Date _____

                (Required if student is under the age of 18)

Questions? Contact us at reg@dickinson.edu or (717) 245-1315