

Summer Experiences Course Registration Form High School Summer Scholars

STUDENT INFORMATION: Clearly print or type using your legal name as you wish it to appear on your transcript.

			1					<u> </u>		-	
	Last/Family Name		First/Given Name		Middle Initial	Social S	Social Security Number				
	Street Address		City	State	Country		Zip/Po	ostal C	ode		
]		
Student E-Mail Address				Phone Number (include area code)							
D	ate of Birth: (ex:	01/31/1900)									
Pl	ace of Birth:										
		City	State		Country						

I acknowledge that this is information is true and correct: _

Signature

Date

	All	C course selectio	val.	CLASS TIME Check that class meeting times do not overlap.			
	Session	Department Number	Course Number	Lab (if applicable)	Units	Meeting Days	Meeting Time
Example:	Α	L48	204		3	MTWThF	9:00-10:45am

Please attach a color	Select which daily (MTuWThF) Academic Support Group you would like to attend. Be sure that your selection does not conflict with your above courses.
<u>photo</u> here.	□ 9:00am-10:00am
This will be used for your student ID.	□ 11:00am-12:00pm
	□ 2:00pm-3:00pm
	□ 4:00pm-5:00pm

Washington University in St. Louis | Summer Experiences | Campus Box 1145 | 1 Brookings Drive | St. Louis, MO 63130 Questions? Contact us at <u>summerexperiences@wustl.edu</u>.