

# SUMMER APPLICATION



Be The Difference.

Thank you for your interest in Summer Studies at Marquette University. This Summer Studies application is for students **new** to Marquette University.

Are you a current Marquette undergraduate student?  Yes  No  
Have you previously earned undergraduate credit from Marquette?  Yes  No

If you answered "Yes" to either of the above questions, click the link for Summer Studies at [marquette.edu/registrar](http://marquette.edu/registrar) for registration information.

## PLEASE PRINT

Name: \_\_\_\_\_  
LAST FIRST MIDDLE JR., ETC.

Gender:  Male  Female Title:  Mr.  Miss  Mrs.  Ms.  Rev.  Sr.  Br.  Dr.  Rabbi

If any of your records are listed under another name(s), please indicate.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

### Permanent home mailing address:

NUMBER AND STREET

CITY COUNTY STATE ZIP CODE

Home telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Current mailing address if different from above:

NUMBER AND STREET

CITY COUNTY STATE ZIP CODE

Current telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ The current address and telephone are in effect until: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

### City of birth:

CITY STATE COUNTRY

