SUMMER APPLICATION



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

students new to Marquette Uni	versity.			
Are you a current Marquette Have you previously earned		☐ Yes ☐ No Marquette? ☐ Yes ☐ No		
If you answered "Yes" to either registrar for registration inform		ck the link for Summer Studies a	t marquette.edu/	
PLEASE PRINT				
Name:				
LAST	FIRST	MIDDLE	JR., ETC.	
Gender: Male Female Tit	le: Mr. Miss Mrs.	☐ Ms. ☐ Rev. ☐ Sr. ☐ I	Br. Dr. Rabbi	
If any of your records are listed under and	ther name(s), please indicate.			
Social Security Number:	Date of bi	irth: / /		
NUMBER AND STREET				
СПТУ	COUNTY	STATE	ZIP CODE	
Home telephone: ()	Cell phone: ()	E-mail:		
Current mailing address if different from	n above:			
NUMBER AND STREET				
CITY	COUNTY	STATE	ZIP CODE	
Current telephone: ()	The current address ar	nd telephone are in effect until:/	/	
City of birth:				
CITY	STATE	COLINTRY		

I certify that the information		ion is complete and correct to d either my admission or regi			. I understand that any falsification of ropriate action.	
Please read and sign	,	-				
Have you ever been convi- Felony conviction may affect	fication.	Yes	☐ No	If yes, attach explanation.		
Have you ever been dismissed from school for discipli		disciplinary reasons?	Yes	☐ No	If yes, attach explanation.	
Are you eligible to return to the school you last at			Yes	☐ No	If no, attach explanation.	
Other university _						
Marquette Univer	•					
After this summer sess						
		idies for the list of requiremen	nts prior to comp	leting this f	orm.	
Undergraduate Non-	Degree (high school st					
	ee (accepted for fall te		fall tarms but	ould like +-	atort during aummer	
	Degree (not accepted classes at Marquette	for fall term at MU) but would like to this summe	er.			
NEW/VISITING student	-					
Summer Studies Statu	s: Check one					
☐ Arts and Sciences ☐ Business Administration		☐ Communication ☐ Engineering ☐ Education ☐ Health Sciences		☐ Nursing		
College in which you w						
			_ Officed	orial of C	NI III C	
☐ Baptist☐ Eastern Orthodox	☐ Evangelical☐ Muslim	☐ Lutheran☐ Methodist	☐ Presbyt	erian Church of C	Phriot	
Roman Catholic	☐ Episcopalian	Jewish	_	ostal/Aposto	olic Other or None Declared	
Religious preference: (o	ptional, will be used f	or statistical purposes only)				
☐ American India	an or Alaskan Native	☐ White, non-His	panic		Other	
Hispanic		Asian (including India/Pacific Islander)		ander)	Black, non-Hispanic	
Ethnic/racial group: Plea	ase indicate your pred	lominant ethnic background (c	ptional).			
		Country of	citizenship			
		U.S. legal s	status			

After completing this form, sign and mail, fax or deliver to the address below.

Zilber Hall, 136 1250 West Wisconsin Ave. P.O. Box 1881 Milwaukee, WI 53201-1881 Telephone (800) 222-6544 Fax (414) 288-3764