

Albright College Summer Sessions

REGISTRATION FORM

Please complete registration form and return to Albright College, Office of the Registrar (Admin. Building), P.O. Box 15234, Reading, PA 19612-5234. Telephone (610) 921-7256 or Fax (610) 921-7258.
Payment for each session is due in full at time of registration.

Last Name _____ First & Middle Name _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Birth Date (Month/Day/Year) _____ Sex _____ Work Phone # _____ Home Phone # _____

Have you attended Albright previously? No Yes, semester/year: _____

College or high school you currently attend: _____

Citizenship: US Citizen US Permanent Resident Foreign National

Ethnic Background (optional): White Black Native American Hispanic Asian

Campus Housing: 1st Session 2nd Session

Full Meal Plan: 1st Session 2nd Session

Lunch Only Meal Plan: 1st Session 2nd Session

1st Session Courses

Course _____	Time _____
Course _____	Time _____
Course _____	Time _____
Course _____	Time _____

2nd Session Courses

Course _____	Time _____
Course _____	Time _____
Course _____	Time _____
Course _____	Time _____

COURSES MAY BE CANCELLED DUE TO INSUFFICIENT ENROLLMENT.

Tuition & Fees Payment:

Tuition \$ _____
 Housing/Meals \$ _____
TOTAL CHARGES \$ _____

Enclosed is my tuition payment (payable to Albright College)

I plan to use MasterCard or VISA

Credit Card # _____ Exp. Date _____

Cardholder Signature _____ Date _____

I have read the brochure on the College's withdrawal and refund policies and am aware of the deadlines. I understand that all schedule changes and withdrawals must be submitted in writing to the Registrar's office.

Student Signature _____ Date _____

**FOR OFFICE
 USE ONLY**

Total Tuition Cost _____
 Total Room/Board Fees _____
 Total _____

Date _____
 Check # _____