

**Summer Experiences**  
**Course Registration Form**  
**High School Summer Scholars Program**

Student Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Preferred First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 Street Address City State Country Zip/Postal Code

**Student Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
 Include Area and Country Code

**Date of Birth:** \_\_\_\_\_ (ex: 01/31/1900) **Place of Birth:** \_\_\_\_\_  
 City State Country

**Student Social Security Number (US citizens only):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Ethnicity:**  Prefer Not to Respond  American Native or Alaska Native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  Caucasian or White

<b>COURSES</b> <i>All course selections are subject to approval</i>					<b>CLASS TIME</b> <i>Check that class meeting times do not overlap</i>	
Session	Department Number	Course Number	Lab (If applicable)	Units	Meeting Days	Meeting Time

**Please attach a high resolution color photo here.**

**This photo will be used for your student ID.**