

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

COURSES <i>All course selections are subject to approval</i>					CLASS TIME <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 color photo here.

This photo will be used for your student ID.

Select one of the following **Academic Support Groups** you would like to attend. Be sure that your selection does not conflict with your above courses. Academic Support Groups meet **MWF** for the first three weeks of the session, and by appointment as needed for the remainder of the session.

Session A or C:

- 4:15-5:00pm
- 5:15-6:00pm
- 6:15-7:00pm

Session B:

- 9:00am - 9:45am
- 10:00am - 10:45am
- 11:00am - 11:45am
- 2:00pm - 2:45pm
- 3:00pm - 3:45pm
- 4:00pm - 4:45pm