

# SUMMER APPLICATION

**NAME &  
ADDRESS:**

LAST	FIRST	MIDDLE	SOCIAL SECURITY #
_____			_____
OTHER NAMES UNDER WHICH YOU MAY HAVE RECORDS			BIRTHDATE
_____			_____
HOME ADDRESS (NUMBER AND STREET)			PHONE NUMBER
_____			_____
CITY	COUNTY	STATE	ZIP
_____			_____
PRESENT ADDRESS (NUMBER AND STREET)			
_____			
E-MAIL ADDRESS			
_____			
INSTITUTION OF CURRENT ENROLLMENT			
_____			

**SEMESTER:** YEAR 20\_\_\_\_/\_\_\_\_

SUMMER ONLY

**HOUSING:**  ON CAMPUS  OFF CAMPUS

**\*ETHNIC  
BACKGROUND:**

- |  |  |
|--|--|
| <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER | <input type="checkbox"/> AMERICAN INDIAN/NATIVE AMERICAN |
| <input type="checkbox"/> HISPANIC                  | <input type="checkbox"/> MULTIRACIAL                     |
| <input type="checkbox"/> AFRICAN AMERICAN          | <input type="checkbox"/> WHITE NON-HISPANIC              |
| <input type="checkbox"/> NON-RESIDENT ALIEN        | <input type="checkbox"/> OTHER _____                     |

**\*GENDER:**  MALE  FEMALE