

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
SUMMER COURSE _____

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