



Seize the Summer Undergraduate Application and Registration For Summer School

PLEASE COMPLETE BOTH SIDES OF FORM

Name: _____
Title Last First Middle Maiden

Converse ID# or SS #: _____

Birth Date: **Required:** _____
(Month/Day/Year)

Gender: Male Female

Permanent Address: _____
Number & Street City State Zip

Mailing Address: _____
(if different) Number & Street City State Zip

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

US Citizen: Yes No Country of Nationality _____ Visa type _____

Ethnic Origin: American Indian Asian Black/African American
 Caucasian Hispanic Other _____

| <u>Summer Session 1a</u> | | |
|---------------------------------|-------|---------|
| Course Number | Title | Credits |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <i>(alternate course)</i> | | |

| <u>Summer Session 1b</u> | | |
|---------------------------------|-------|---------|
| Course Number | Title | Credits |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <i>(alternate course)</i> | | |

| <u>Summer Session 2</u> | | |
|--------------------------------|-------|---------|
| Course Number | Title | Credits |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <i>(alternate course)</i> | | |

| <u>Summer Session 3</u> | | |
|--------------------------------|-------|---------|
| Course Number | Title | Credits |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <i>(alternate course)</i> | | |

Converse College reserves the right to cancel courses due to low enrollment. Students should indicate an alternate course in case their first choice is cancelled or reaches maximum enrollment.

All students are bound by the Honor Code and regulations of Converse College.

I understand that I must assume financial responsibility for all tuition and fees. I also understand that my responsibility will continue until all such charges are paid in full. In the event of collection, with or without suit, the undersigned agrees to pay all costs of such collection, including but not limited to reasonable attorney fees. In addition, interest at a rate of 18% per annum will be charged on outstanding balances.

_____ *Student Signature* _____ *Date*

NOTE: All students are bound by the Converse Honor Code.

Converse Students _____
Adviser

High School Students _____
Signature from counselor

Visiting Students _____
Signature from your dean, registrar or advisor

Send my transcript report to: _____
College/University/High School

Number & Street

City State Zip

Tuition Payment Method:

Check enclosed -- *Check made payable to Converse College (payment in full).*

Credit Card -- Visa Mastercard Discover Amex

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

List the security code from rear of card: _____

Name on Card _____

Send completed application registration form with payment to:

The Summer School Office
Converse College
580 East Main Street
Spartanburg, SC 29302
or fax to 864-596-9202

For Office Use Only
Received _____
Payment received _____
Entered _____
Transcript sent _____