



Seize the Summer
Undergraduate Application and Registration
For Summer School
Year _____

PLEASE COMPLETE BOTH SIDES OF FORM

Name: _____
Title Last First Middle Maiden

Converse ID# : _____

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.

NOTE: All Students are bound by the Honor Code and regulations of Converse College.

****Tuition and fees are due prior to the start of classes. Tuition due dates are listed on the academic calendar. Payments may be made through the my.converse.edu portal under the Student Billing section.****

I understand that I assume financial responsibility for all tuition, fees and other charges incurred while attending Converse College. I also understand that my responsibility will continue until all such charges are paid in full. Any past due balances will incur late fees and finance charges at a rate of 18% annum until the past due balance is paid in full. Students may not register for future classes or receive a transcript until their balance is paid in full. Uncollectible accounts will be turned over to a collection agency. In the event of collection, with or without suit, the undersigned agrees to pay all cost of collection up to 40% and attorney fees and court fees.

_____ *Student Signature* _____ *Date*

Converse Students _____
Adviser

High School Students _____
Signature from counselor

Visiting Students _____
Signature from your dean, registrar or advisor

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

Business Office use only:

Received _____

Payment received _____

Entered _____

Transcript sent _____