

SUMMER REGISTRATION FORM

Office of the Registrar

[Submission deadline posted online](#)

Last Firs Middle ID Number

Street Address City State Zip Email

Phone No. % L U W K G D W H

Course(s) in which you wish to enroll:

1.

Dept/No.	Title	Units	Instructor Signature

2.

Dept/No.	Title	Units	Instructor Signature

3.

Dept/No.	Title	Units	Instructor Signature

To enroll in a summer independent study this form must be accompanied by an Independent Study Contract.

To enroll in a summer internship, please go to the Hameetman Career Center (HCC) for approval. The HCC is located in the AGC, Room 109.

Student Signature _____
Date

Student Accounts Office Signature _____
Date

Registrar Signature _____
Date