

WORKSHOP REGISTRATION – SUMMER 2017

Today's Date _____ Social Security # _____ Date of Birth _____

Name _____ Email Address _____

Address _____ Home Phone (_____) _____

City _____ Cell Phone (_____) _____

State _____ Zip _____ County _____ Work/Cell Phone (_____) _____

PA Resident Yes No U.S. Citizen Yes No

If you previously attended Slippery Rock University, please indicate the type of student you were and the last date attended.

Undergraduate Graduate Post-baccalaureate Non-degree/Transient

Last Date Attended _____

Are you currently enrolled at another college or university? Yes No

Type of Registration: (Check One)

Graduate Credit: Name of College/University from which you graduated: _____ Year you graduated _____

Please have an official transcript sent to SRU's office of graduate admissions.

Undergraduate Credit

Post-baccalaureate Credit: Name of college/university from which you graduated: _____ Year you graduated _____

Non credit: (On a space available basis. No permanent record of attendance will be maintained by the University)

NAME OF WORKSHOP	COURSE NUMBER	TUITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

TUITION AND FEES:

Credit in-state.....\$1,190.67
 Credit out-of-state.....\$2,123.67
 Non-credit.....\$453.00

I have enclosed a check payable to Slippery Rock University

Please bill me

Please return to:
Office of Academic Records
Slippery Rock University
 104 Maltby Ave.
 Suite 107
 Slippery Rock, PA 16057
 Fax: 724.738.2936