

SUMMER WORKSHOP REGISTRATION FORM - 2012

Today's Date _____

Mr. Mrs. Ms. _____
Last First Initial

PA Resident? Yes No
 U. S. Citizen? Yes No

Home Address _____
& Street City State County Zip Student Rock ID or SSN

E-Mail Address _____ Home Phone _____ - - Work /Cell Phone _____ - - Date of Birth _____

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

- Undergraduate Graduate Last Date Attended: _____
 Post-baccalaureate Non-degree/Transient

TUITION RATES PER CREDIT*			
In-state undergraduate:	\$260	Out-of-state undergraduate:	\$520
In-state graduate:	\$416	Out-of-state graduate:	\$624

Are you a currently certified teacher? Yes No 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.)
 Act 48 (Non-credit workshop): Slippery Rock University will supply you with a letter certifying your completion of the workshop which you may submit to your school district.

NAME OF WORKSHOP	COURSE NO.	TUITION/FEES #credits x rate (above)*
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information given on this application is complete and correct.

Student's signature _____ Date _____

ENCLOSE CHECK PAYABLE TO SLIPPERY ROCK UNIVERSITY or SUPPLY CHARGE CARD INFORMATION REQUESTED BELOW.	
For Visa, MasterCard, or Discover card payment only:	
Credit Card Number _____	Expiration Date _____
Signature of Card Holder _____	Total Tuition & Fees* _____

Please return with full payment to the Office of Academic Records and Summer School,
 Slippery Rock University, 107 Old Main, One Morrow Way, Slippery Rock, PA 16057.
 FAX: 724-738-2936