

SUMMER INSTITUTE REGISTRATION

PLEASE PRINT

Legal name _____ Social Security # _____

Home address _____ City _____

State _____ Zip _____ Phone (home) _____

E-mail _____ Birth Date _____

Name of high school where you teach _____

High school address _____ City _____

State _____ Zip _____ Phone (school) _____

Have you ever attended Lawrence University? Yes No

Years attended _____ Under what name _____

I will enroll in Biology English Literature
 Calculus Spanish Language
 Chemistry United States History
 Economics-Macro World History

I am registering for 4 units of graduate credit
(equivalent to 2 semester hours)

5 units of graduate credit
(equivalent to 3 semester hours)

I will participate in the AP Distance Education training. Please bill
UW-Madison CEW for my tuition.

Gender Male Female

Citizenship U.S. Citizen Permanent resident
(Choose one) Non-resident, non-citizen

Housing Preferences:

I will be a (check one) Residential participant Commuter

If a resident, indicate room choice Double room Single room

I would like to share a room with _____

Special diet needs _____

Special facility requirements _____

My name and phone number may be released to other Summer Institute
participants for car-pooling purposes. Yes No

For office use	L# _____
HHG <input type="checkbox"/> yes <input type="checkbox"/> no	