Summer Visitors—Student Registration Form

Registrant’s Office
160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 621-8285 • Fax (909) 607-7285 • student.records@cgu.edu

Individuals who wish to take a summer course at Claremont Graduate University (CGU) during a summer semester must complete this form and obtain the appropriate signatures in order to register for classes. Visitors should consult the CGU website for current fees and Academic Calendar deadlines. Submit your completed registration form to the Registrar’s Office and pay your fees to Student Accounts. Both offices are located in the Student Affairs Office. PAYMENT IS REQUIRED at the time of registration.

NOTE: This application may not be used as a substitute for the CGU Application for Admission process.

**Student Information:**

Last/Family Name: ________________________________________ First: ______________________________ Middle: ______________________

Other/Previous Names: __________________________________ Preferred First Name: ______________________________

U.S. Social Security Number: __________-______-______________ Sex: ❑ Female ❑ Male
Birth Date: ______- ________- _________

Citizenship: ❑ U.S. ❑ U.S. Permanent Resident ❑ Other Country: _________________________________ Visa Type: _____________________
Birth Country: ____________________________________ City: ___________________________________ State: ___________________________

Email Address: ___________________________________________________________________________

Permanent Address (required) Mailing Address (if different)

Street: __________________________________________ Street: __________________________________

City, ST Postal Code: ____________________________________________________________

Phone: (________)_________ (________)_________

Have you applied to CGU previously? ❑ No ❑ Yes If yes, when?______________________ For what program? ______________________

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<tr>
<th>College/University Name</th>
<th>Location (City &amp; State)</th>
<th>Degree</th>
<th>Major</th>
<th>Years of Attendance</th>
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Previous Educational Experience

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<tr>
<th>Subject</th>
<th>Catalog #</th>
<th>Course Title</th>
<th>Instructor Name</th>
<th>Approval (Instr Signature)</th>
<th># of Units</th>
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REGISTRATION FOR SUMMER (ENTER YEAR)

I certify that the information I have provided above is complete and accurate.

Signature: _______________________________ Date: __________________________

**Academic/Sponsoring Department Approval**

Signature: _______________________________ Date: __________________________

**For CGU Office Use Only**

Accounting Recorded By Data Services
Payment Recvd $ ____________ By

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