SUMMER VISITING STUDENT REGISTRATION REQUEST

Name of participant: _____

Permanent street address_____

City_____State_____Zip Code_____

Mailing address if different:_____

Email address:_____Date of Birth_____

Home Telephone_____Cell phone_____

Social Security Number (optional)_____ Male [ ] Female [ ]

Emergency contact name and phone number:_____

Home College/University_____

What is your current academic standing: Select one.

High school senior [ ] High school graduate/incoming freshman [ ]

Undergraduate student [ ] Graduate student [ ]

WPI Course selections:

CRN#	Course #	Credits	Title	Cost

Total Number of courses:_____ Total credits: _____Total cost:_____

All fees are due at time of registration. For undergraduate courses, cost per 1/3 unit is $2988.00. For graduate courses, cost per credit hour is $1089.00.
Credit card registrations **BEFORE 4/15/09** waive credit card convenience fee.
All registrations **BEFORE 5/10/09** waive $50 Summer registration fee.

I understand that by completing and submitting this form I am intending to register for the listed courses at WPI and will be responsible for payment of tuition for these courses.

I, have read, understood and agree to the above.

_____ _____ _____

Signature printed name date