

2009 SUMMER COLLEGE APPLICATION & REGISTRATION FORM

C.W. POST CAMPUS • LONG ISLAND UNIVERSITY

www.liu.edu/cwpost/summercollege

For Office Use

Social Security Number _____ - _____ - _____ Sex M F Date of Birth _____ - _____ - _____
MM DD YYYY

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ ZIP _____ County _____

Phone Number () _____

Citizenship _____ E-mail Address _____

Are you currently enrolled in C.W. Post's A.C.E., S.C.A.L.E. or F.A.S.T. program and in good standing? YES NO

Have you previously applied to C.W. Post? YES NO

Do you have a minimum "B" average in all previous school work? YES NO

LIST YOUR HIGH SCHOOL AND ANY COLLEGE PREP PROGRAMS

REGISTRATION FORM

SESSION	COURSE NAME (As listed in Schedule)	REG. USE ONLY
	1st preference	
	2nd preference	
	3rd preference	
	4th preference	

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ *(Required if student under age 18)*

School Counselor/Advisor Signature _____ Date _____

I understand that my enrollment in Summer Session in no way implies matriculated status in a degree program and if I wish to continue taking courses beyond this session, I must submit a regular application for admission and supply supporting documentation.

Student's Signature _____

C.W. POST CAMPUS



Note: Only one 3-credit college course may be taken during the summer. Space is limited.