

SUMMER ORIENTATION REGISTRATON FORM

C.W. Post Campus • Long Island University

720 Northern Boulevard • Hillwood Commons – Room 102 • Brookville, NY 11548-1300

Please print out and complete this form. Enclose a check or money order made payable to: LIU/C.W. Post Campus. Please include student's name and I.D# on all checks. Do not send cash. Return this form and payment to the address above.

Name: _____ Male Female

ID #: _____ Phone: () _____

Address: _____

Email: _____ Age: _____

Special Needs/Disability/Food Allergies/Vegetarian Meals/Other: Yes No

If yes, please specify: _____

PLANNED RESIDENT STATUS FOR FALL 2009:

C.W. Post Resident: Commuter:

If planning to be a resident, have you completed your housing form? Yes No

I have already registered for my fall classes, or will do so before Orientation: Yes No

ORIENTATION SESSION PREFERENCE: Please place a 1, 2, or 3 next to your first, second, and third choice, respectively, noting that **Sessions I & II are for Freshmen students ONLY**, and **Sessions III & IV are for Transfer students ONLY**. Do not indicate a session for which you know you cannot attend.

| | | | |
|--------------------|---------------------|--------------------------------|-------------------|
| _____ Session I: | July 31-Aug 1, 2009 | Freshmen Students | \$120 per student |
| _____ Session II: | August 5-6, 2009 | Freshmen Students | \$120 per student |
| _____ Session III: | August 14, 2009 | Transfer Students | \$30 per student |
| _____ Session IV: | August 28, 2009 | Transfer Students | \$30 per student |
| _____ Session V: | September 7, 2009 | Make-Up Session (All Students) | \$30 per student |

FAMILY ORIENTATION:

Will your family members be attending? Yes No If yes, how many? _____ \$30 per person

**For more information, please call
the Office of Student Life & Leadership Development
at (516) 299-2800**

FOR OFFICE USE ONLY PLEASE DO NOT WRITE IN THIS SPACE

Students attending Freshman Sessions (I, II): \$120 per student x ____ = \$ ____

Family attending Freshman Sessions (I, II): \$30 per person x ____ = \$ ____

Transfer or Make-Up Sessions: Student or Family (Sessions III, IV, or V) \$30 per person x ____ = \$ ____

Payment Method: _____ = \$ ____

Session Assigned: _____

Confirmation Sent/Date: _____ Staff Initials: _____