3/24/2005

LMU | LA
Loyola Marymount University

APPLICATION FOR SUMMER REGISTRATION

Non-LMU students taking undergraduate level courses should submit this form to the Office of the Registrar
High School Students, please attach a copy of high school transcript.

SOCIAL SECURITY NUMBER ___ – ___ – ____

❑ MALE ❑ FEMALE

BIRTH DATE ___ – ___ – ____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ETHNIC ORIGIN (OPTIONAL) _____

CITIZENSHIP _____

INS VISA TYPE IF NOT US CITIZEN _____

RELIGION (OPTIONAL) _____

PERMANENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING STREET ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP CODE _____

PERMANENT PHONE ___ – ___ – ____

LOCAL PHONE ___ – ___ – ____

CEL PHONE ___ – ___ – ____

EMAIL ADDRESS _____

EMERGENCY CONTACT

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE ___ – ___ – ____

CEL PHONE ___ – ___ – ____

EMERGENCY CONTACT'S RELATIONSHIP TO YOU _____

COURSE REQUEST

Refer to http://registrar.lmu.edu for Schedule of Classes

CRN	DEPT	COURSE #	SECTION

I assume full financial responsibility for all tuition and fees incurred by registration in these summer courses. I have successfully completed any required prerequisites for these courses as listed in the Undergraduate University Bulletin (http://registrar.lmu.edu).

SIGNATURE OF STUDENT _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN (IF STUDENT IS UNDER 18) _____ DATE _____

Please restrict my personal information from being placed in the University Directory. _____ INITIAL