

## Summer College APPLICATION & REGISTRATION FORM

LIU Post • liu.edu/post/summercollege

For Office Use

Social Security Number	Sex □ M □ F	Date of Birth
Last Name	First Name	
Address		
	State	
Home Phone Number ( )	Cell Phone Number ( )_	
Citizenship	E-mail Address	
Are you currently enrolled in LIU I	ost's (Early Collegiate Program) and in good standing?	□ YES □ NO
Have you previously applied to LIC	Post? □ YES □ NO	
Do you have a minimum "B" average	e in all previous school work? 🔲 YES 🔲 NO	
REGISTRATION FORM		
SESSION	COURSE NAME (As listed in Schedule)	REG. USE ONLY
I understand that my enrollment in Sum beyond this session, I must submit a regu	ner Session in no way implies matriculated status in a degree pro ar application for admission and supply supporting documentation	gram and if I wish to continue taking courses on.
Student's Signature	Date	
Parent/Guardian Signature	Date	(Required if student under age 18)
School Counselor/Advisor Signatu	e Date	

Only one person may register on this form. Additional forms may be copied. Your registration will not be accepted without your Social Security Number. Please fax this form and a copy of your high school transcript to 516-299-2137 or mail to: