

Summer Registration Form (All Fields REQUIRED)

_____ / _____ / _____
 Last Name First Name Middle Name Date of Birth

_____ _____ _____ _____
 Number and Street Address City State Zip Code

_____ _____ _____
 E-mail Address Daytime Telephone Number Cell Phone Number

_____ _____
 Place of Birth (City and State) Country of Citizenship

Gender: Male Female

_____ - _____ - _____
 Social Security Number or WU Student ID

<input type="checkbox"/> Black/Non-Hispanic Origin	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> White/Non-Hispanic
<input type="checkbox"/> Multi-Racial / Non-Minority	<input type="checkbox"/> Multi-Racial / Minority	<input type="checkbox"/> No Response

Course #	Grade Option* (Audit, Credit)	Course Title

*Tuition is the same regardless of grade option.

Signature _____ Date _____

Mail/Fax/E-mail to:

Washington University in St. Louis
 Sam Fox School of Design & Visual Arts
 Attn: Registrar's Office
 One Brookings Drive
 Campus Box 1031
 St. Louis, MO 63130-4899
 314.935.6500 (telephone)
 314.935.6462 (fax)
 carvell@wustl.edu (Architecture)
 crisbaldwin@wustl.edu (Art)

_____ Tuition (to be billed via University Billing)
_____ Lab/Materials Fee (to be billed via University Billing)
_____ Date Received