



University of Richmond Summer School Application/Registration Form

This form should be used only by new students. Others should register via BannerWeb.

Student Information

Unless noted, all fields are required. Please print.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

UR ID/SSN

SSN will be replaced by an ALTERNATE ID number, which will be used as your primary identification.

Registering for _____
TERM YEAR

OFFICE USE

Registration Approved By _____

NAME _____ Email _____
LAST NAME - COMMA - FIRST NAME - COMMA - MIDDLE NAME OR INITIAL

IF PREVIOUSLY ENROLLED UNDER A DIFFERENT NAME _____

ADDRESS _____ (PE PERMANENT) _____ (EB EMPLOYER/BUSINESS LA LOCAL CM CAMPUS)

STREET 1 _____

STREET 1 _____

STREET 2 _____

STREET 2 _____

CITY _____ STATE _____
()

CITY _____ STATE _____
()

ZIP CODE _____ PHONE _____

ZIP CODE _____ PHONE _____

PERMANENT RESIDENT OF: Virginia City _____ Virginia County _____ Other State or Country _____

BIRTH DATE: _____ SEX: MALE FEMALE US CITIZEN Yes No RELIGION _____

ETHNICITY/RACE (Optional)

- Are you Hispanic/Latino? Yes, Hispanic or Latino No
- Regardless of your answer to the prior question, please select one from the following ethnicities that best describe you:
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Have you ever taken courses at University of Richmond? Yes No

If yes, dates attended: _____ Your name when you attended: _____

School: A&S (A) BUSINESS/UNDERGRAD (B) CONTINUING STUDIES (C) GRADUATE A&S (G) LEADERSHIP STUDIES (J)
 LAW (L) BUSINESS/GRAD (M) UNCLASSIFIED LIBERAL ARTS (U)

Were you dismissed from a college or university within the last year? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____
As of July 1, 2006, Virginia law requires all public and private two-and-four-year institutions of higher education to electronically transmit information about applicants accepted for enrollment at each institution to the State Police for comparison to the Virginia Criminal Information Network and National Crime Information Center Convicted Sexual Offender Registry. If the University is notified that an admitted student has committed a sex offense, the admitted student is subject to the admission being revoked.

Do you have a bachelor's degree? Yes No If Yes, from what school _____ Degree _____ Year _____

Course Registration Information

Complete all sections. Please print.

Yes No I am a UR student and intend to file an Individual Instruction Course (Independent Study or Internship) request form for this summer.

CRN	Subject	Course Number	Section	Course Title	Begin Date	Begin Time	Cr. Hours	Cost

Total for Courses: \$ _____

Payment Information

Tuition payment is due by the first day of the term. Students are responsible for meeting all payment deadlines regardless of whether they receive a bill or not.

- Check attached.** Make payable to University of Richmond. **Credit Card.** To pay by MasterCard, Visa, American Express or Discover, please pay online through BannerWeb once you've received your student ID. There is a fee for paying by credit card.

I agree to abide by the regulations approved by the faculty and published in the current University Catalog.

Applicant's Signature (Required) _____ Date _____

MAIL: Send your completed application to Cheryl Genovese School of Professional and Continuing Studies, 490 Westhampton Way, Summer School Office, University of Richmond, VA 23173. If paying by check, include your payment.

FAX: Fax your completed application to us at (804) 289-8138.