



School of Professional and Continuing Studies Summer Study Abroad (SSA) – Application/Registration Form

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 SSA
TERM YEAR

OFFICE USE
Registration Approved By _____

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

IF PREVIOUSLY ENROLLED UNDER A DIFFERENT NAME _____

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

- 1. Are you Hispanic/Latino? Yes, Hispanic or Latino No
- 2. 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 been accepted into a UR degree program? Yes No
If yes, what degree: BA BS JD MBA BAS MAJOR _____
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.

Course Registration Information Complete all sections. Please print. Students will receive an email from Registrar’s Office to inform about Registration.

CRN	Subject	Course Number	Section	Course Title	Begin Date	No. of Units

DEPOSIT: \$150.00 Due February 15. Deposit check and Forms should be returned to: School of Professional and Continuing Studies, Summer School Office, University of Richmond, VA 23173

Payment Information

1st payment due March 15. 2nd payment due April 15. Both payments should be sent to: Students Accounts Office, Box R, University of Richmond, VA 23173 Students are responsible for meeting all payment deadlines regardless of whether they receive a bill or not.

Check for deposit attached. Balance can be paid with check, online or charge card. If using MASTERCARD, AMERICAN EXPRESS OR DISCOVER pay online using Banner Web or Quik Pay. There is a fee for using your credit card. Contact the Office of Student Accounts with payment questions at (804) 289-8147.

I agree to abide by the regulations approved by the faculty and published in the current Bulletin of the University of Richmond.

*Applicant’s Signature (Required) _____ Date _____

* Required Field. Application will not be processed without this information.

