APPLICATION FOR SUMMER

Thank you for your interest in Lehigh University. Prior to completing this form, please review the class offerings for the 2019 Summer Semester.

Please note:
- This application is only for undergraduate enrollment for summer semester. Graduate students should contact the Dean’s office in the college in which they wish to enroll for summer study.
- LVAIC students should use a cross-registration form available from their home institution’s Registrar’s Office.
- Students interested in a Study Abroad program should contact the Study Abroad Office.

Please be advised that registration will be granted based upon space availability in your selected courses. **Lehigh will begin processing applications on April 19, 2019.** Notification will be sent to your home address once processed.

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STUDENT INFORMATION

Name: ___________________________ Email: ___________________________

Sex: [ ] Male  [ ] Female  Date of Birth: ____/____/_______  US Citizen: [ ] Yes  [ ] No

I am:
- [ ] An incoming first-year student at Lehigh University (must be accepted for Fall 2019)
  Please provide your Lehigh Identification Number (LIN) if known: __________________
- [ ] A current college student
- [ ] A current high school student
- [ ] Not presently enrolled at a higher education institution

Have you ever attended Lehigh University before? [ ] No  [ ] Yes - when? __________________________

Address

Home Address: ___________________________

City: ___________________________ State: _________ Zip: ___________

*Provide a current address only if different from your home address*

Current Address: ___________________________

City: ___________________________ State: _________ Zip: ___________

Phone

Current Phone: ___________________________  [ ] Cell  [ ] Home  [ ] Other: ___________________
COURSES AND REGISTRATION

Please enter your course selections below. Application processing will begin on April 19, 2019. Registration is based on availability. Confirmation of your registration will be sent to your home (or current) address.

Summer term is composed of three sessions and students are limited to a maximum of 8 hours per summer session.
- Full Summer: May 21 - August 8, 2019
- Summer Session 1: May 21 - June 27, 2019
- Summer Session 2: July 1 - August 8, 2019

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I acknowledge that the information provided on this application is accurate and true.

Student Signature ____________________________ Date ____________________________

CURRENT COLLEGE AND HIGH SCHOOL STUDENTS ONLY

Students currently attending another higher education institution or high school should have the following section completed by their Registrar’s Office or High School Guidance Counselor prior to the submission of their application.

Home institution,

Your signature below verifies that the above-mentioned individual is a student at your institution, is in good standing, has permission to enroll, and has met the necessary prerequisites (if applicable) at your institution to enroll in the courses listed above at Lehigh University during Summer 2019. (Institutions may also provide a copy of an institutional form demonstrating this approval instead.)

Name of institution: ____________________________

Person providing verification: ____________________ Contact (email or phone): ____________________

Institution Signature ____________________________ Date ____________________________

SUBMISSION INSTRUCTIONS

Students should return completed forms to Registration & Academic Services via email at ras+summer@lehigh.edu, fax to 610.758.3198, or mail to 27 Memorial Drive West, Bethlehem, PA 18015. Only complete applications will be processed beginning April 19, 2019.

March 2019