

## APPLICATION FOR SUMMER

Thank you for your interest in Lehigh University. Prior to completing this form, please review the class offerings for the 2020 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 27, 2020.** Notification will be sent to your home address once processed.

### 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 2020)

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 27, 2020.** 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 19 - August 8, 2020
- Summer Session 1: May 19 - June 27, 2020
- Summer Session 2: June 29 - August 8, 2020

CRN	Subject Description	Course	Section	Course Title

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 2020. (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](mailto: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 27, 2020**. Please note: Our office is working remotely during this time, and have limited access to mail/fax. Email applications are encouraged.