

**New Incoming First Year and Transfer Student Summer School Request Form**

**Student Information**

Student Name: \_\_\_\_\_

Which school will you attend in the fall semester? **Please select one option only.**

College     MSB     NHS     SFS     SFS-Q

Are you a conditional fall admit? Yes  No     Have you submitted your deposit for the fall semester? Yes  No

Citizenship and Visa Status: **Please select one option only.**

- U.S. Citizen or Permanent Resident (no visa required)
- F-1 or J-1 visa sponsored by Georgetown University
- F-1 or J-1 visa not sponsored by Georgetown University
- Other: \_\_\_\_\_

**Course Information**

\*Please list the full course number(s) for the course(s) you would like to take this summer. You may take up to two courses in the first and second sessions. Please also list up to two alternate courses in the event your preferred course is unavailable.

	First Session Courses		Second Session Courses
<i>Example:</i>	<i>PSYC-001-10</i>	<i>Example:</i>	<i>SOCI-001-20</i>
1 <sup>st</sup> Choice		1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice		2 <sup>nd</sup> Choice	
Alternate 1		Alternate 1	
Alternate 2		Alternate 2	

**Student Summer Contact Information**

Will you be submitting an on-campus housing application? Yes  No

If you selected no, please provide your summer off-campus address:

\_\_\_\_\_

Student Email: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please save a copy of this form and email a copy to the Summer School at [summer@georgetown.edu](mailto:summer@georgetown.edu).

*GU Official Use Only:* Approved by School Dean

Processed by Registrar

Processed By Summer School

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