Summer 1999 Registration Form

Step 1/Registration. I would like to register for the following course(s):

❑ NMS 5411	Coast and Cascade Range Geology	8/2–8/14	CRN #60316
❑ NMS 5534	Ocean Environments	6/21–7/1	CRN #60321
❑ NMS 5506	Clouds, Currents and Calamities	7/19–7/30	CRN #60320
❑ NMS 5430	Exploring the Universe Through Time and Space	8/2–8/13	CRN #60319
❑ BIO 5325	Biotechnology Applications for Teachers	6/21–7/1	CRN #60292

Step 2/Personal Information.

SSN/SPU ID number

Name

Last First Middle

Permanent address

Street City State Zip

Phone [day] ( )

Phone [eve] ( )

Gender (optional)
❑ Male ❑ Female

Ethnicity (optional)
❑ Alaska Native ❑ Asian/Pacific Island ❑ White/Non-Hispanic ❑ Hispanic ❑ American Indian ❑ Black/Non-Hispanic

Birthdate [mm/dd/yy] (Optional)

Required Information:
❑ U.S. citizen ❑ Non-U.S. citizen (country)

Do you have a disability requiring special accommodation?
❑ Yes ❑ No
If yes, a representative from our office will contact you regarding your needs.

Step 3/Payment Method.

Please select one of the following options:

❑ A. Check (Full amount only—payable to SPU. Postdates cannot be honored.)

❑ B. Purchase Order (A copy must be attached to the registration form.)

P.O. Number_____ From_____
School/District/Organization

_____
Address of School/District/Orginization

C. ❑ Visa or ❑ MasterCard _____–_____–_____–_____ ____ /____
Account number Exp. date

_____
Cardholder name

X_____
Cardholder Signature

Step 4/Registration Agreement.

I understand and agree that when my registration is accepted by Student Academic Services, I have obligated myself to pay for the course(s) and all costs related to this registration. If I decide to cancel my registration, I will do so in writing to Student Academic Services two weeks before the first day of class. No refunds will be given after that date.

X_____
Signature **Date**

Send this completed registration form with appropriate payment to:

Student Academic Services, Seattle Pacific University, 3307 Third Avenue West, Seattle, WA 98119.