REGISTRATION

Please complete the form below and submit with FULL REMITTANCE to:

SUMMER SCHOOL OFFICE
SAINT ANSELM COLLEGE BOX #1732
100 SAINT ANSELM DRIVE, MANCHESTER, NH 03102-1310

Name: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

Home Phone: _____ Local Phone: _____

E-mail: _____

Are you a Saint Anselm College Student? ☐ Yes ☐ No

If not, where? _____

Other: _____

Course Information:

COURSE#	COURSE TITLE	SESSION	CREDITS	CHARGES
				$
				$
				$
				$
				$
				$
			Registration Fee	$ 25.00
			TOTAL AMOUNT DUE	$ _____

☐ Check Enclosed

☐ Charge to Credit Card:

☐ MasterCard ☐ Visa

Card No. Expiration Date /

Signature

FULL PAYMENT IS DUE AT TIME OF REGISTRATION

Signature: _____ Date: _____