

SAINT ANSELM COLLEGE



1889

SUMMER SCHOOL REGISTRATION 2019

Please complete this form and submit with full remittance to:

Summer School Office
 Saint Anselm College, Box #1732
 100 Saint Anselm Drive, Manchester, NH 03102
 Fax: 603-656-6297

Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ DOB _____ Student ID # _____

Phone _____ E-Mail _____

Employee Senior Citizen Auditor Visiting Student

In case of emergency, please call: _____

Name _____ Phone _____

Relationship to student _____

Are you a Saint Anselm College Student? YES _____ NO _____

If not, what is your home institution? _____

Where did you learn about Saint Anselm College summer courses? _____

Summer School Catalog Saint Anselm College website Other

COURSE INFORMATION

Course #	Course Title	Session	Credits	Charge
				\$
				\$
				\$
				\$

Registration Fee **\$70.00**

Lab Fee \$ _____

Check Enclosed Paid through TMS

Total Amount Due \$ _____

Signature _____ Date _____