



Last Name

Summer

Date

BUCKNELL SUMMER – COURSE REGISTRATION FORM

Complete and return to Registrar's Office, 102 Marts Hall, Bucknell University, Lewisburg, PA 17837/registrar@bucknell.edu

A.) Name Last First M.I.

Gender Identify as Male Identify as Female Prefer not to say Other Date of Birth (Day/Month/Year)

Email address SS # (optional)

Permanent address

Permanent phone # Cell #

Local address (if different)

BU class year (if applicable) BUID (if applicable)

B.) Enter course choices below:

CRN	Dept.	No.	Section	Credit	For courses that require instructor permission, enrollment will be completed by the Registrar's Office after instructor gives permission via email.
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I understand that only a percentage of tuition will be credited if withdrawing between the first day of classes through the summer session mid-point; after this date no credit will be issued.

STUDENT'S SIGNATURE

C.) Please check your admission status and complete the requested information for that category as needed.

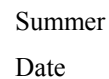
Bucknell undergraduate	A&S	ENGR	MGMT	Non-degree undergraduate and post-bachelor students taking undergraduate courses
Returning from Leave of Absence? YES or NO				
Returning from Withdrawal? YES or NO				High school student
Part-time degree-seeking student				
Newly admitted undergraduate transfer				Bucknell graduate student Expected graduate date
Newly admitted as a first-year student				Newly admitted graduate student (must first be approved by Dean of Graduate Studies)

FOR OFFICE USE ONLY:

Academic Dean's Approval

Student Record Entry

Registrar's Office Course Entry



Please complete sections D if you are NOT a Bucknell student.

Hispanic or Latino