SUMMER SESSIONS APPLICATION

Student Signature

This application is for new, returning, and visiting (summer only) students who wish to take summer courses at GCU's main campus in Lakewood. Send this completed application, a \$250 tuition deposit, and a form of educational verification (a copy of your high school or college diploma; OR an official college transcript from the last college you attended; OR a letter from your current college stating that you are a student in good standing) to Office of Admissions, Georgian Court University, 900 Lakewood Ave., Lakewood, NJ 08701-2697 (fax:732.987.2000). Once your application has been approved, the Office of Admissions will send you instructions for registering for courses online through Self-Service.

Name	M				Date of Bi	rth		
First Address	M	iiddle Initial/Maiden	Last			Month/Day,	lYear	
City			State	Zip	Count	try		
Telephone		Cell F	hone	Fax				
E-mail				Social Security Number				
☐ I want to app	ly for admission t	to Georgian Cou	rt University fo	or Fall; please se	end me an appli	cation.		
☐ I am currently en	rolled at	dress of college or unive	a raite					
☐ I am a graduate o	of Name and address of							
	name and address of ded Georgian Court U							
□ I am not currently	γ enrolled in college. T	he last college/univer	sity Lattended was		ates of attendance			
OPTIONAL Please For Non-Hispanics o ☐ White ☐ Two of This information is	nded college, but I am e check one item amo nly: American India or more races O requested solely for discriminate on the	ng the following that in or Alaskan Native ther the completion of st	is appropriate for Asian Bland	you: Hispanics o ack or African Amer on and is not used	f any race rican	waiian or Other	n Court	
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Date