Penn First-Year Student Registration Form

Last Name:	First Name:
Date of Birth: / /	Sex: ☐Male ☐Female
Address:	
City:	State: Zip Code:
Daytime Phone No.:	E-mail Address:
Year in which you will matriculate at Penn:	School (i.e.Wharton, SEAS):
Ethnicity: Please check one. (Optional, for government	t reports only .)
☐ American Indian/Alaskan Native ☐ Black/African American ☐ White/Caucasian	☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ Other
Course(s) you would like to take:	
Term: Summer 11 Week Summ	er I
	yourself for any approved course you wish to take, through Penn like to enroll in on this form does NOT mean you will auto-
	rse(s):
School Advisor Approval of Requested Cou	
**	
School Advisor Approval of Requested Cour Advisor Name:Advisor Signature:	
Advisor Name:Advisor Signature:	Date:/

College of Liberal & Professional Studies

Date: ____ / ____ / ____