

## Visiting Student Summer Registration

Submit this form to the Office of the Registrar. After your application has been processed, a confirmation email will be sent to you with information about your LMU student record and directions on how to register for summer classes. Scan or fax signed form to: registrar@lmu.edu or 310.338.4466

\_\_\_\_\_  
 SOCIAL SECURITY NUMBER

\_\_\_\_\_  
 BIRTH DATE (MM-DD-YYYY)

MALE

FEMALE

\_\_\_\_\_  
 LAST NAME FIRST NAME M.I.

\_\_\_\_\_  
 COUNTRY OF CITIZENSHIP INS VISA TYPE IF NOT US CITIZEN

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 PHONE

\_\_\_\_\_  
 EMAIL ADDRESS

**EMERGENCY CONTACT** (PROVIDE ADDRESS IF DIFFERENT FROM ABOVE)

\_\_\_\_\_  
 LAST NAME FIRST NAME M.I.

\_\_\_\_\_  
 RELATIONSHIP TO STUDENT

\_\_\_\_\_  
 CONTACT STREET ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 CONTACT PHONE

**REQUESTED COURSES (attach unofficial transcript if necessary)**

Refer to registrar.lmu.edu/scheduleofclasses

CRN	DEPT	COURSE #	SECTION

OFFICE USE ONLY:

In accordance with the Federal Education Rights and Privacy Act, I choose to make my information confidential. By doing so I agree to handle all business, once registered, in person or through my LMU email account exclusively.

I assume full financial responsibility for all tuition and fees incurred by registration in these summer courses. I understand that I am responsible for dropping online all courses by Friday of the first week in the respective summer term to qualify for a full refund. I understand that LMU does not drop courses from my schedule if I do not attend.

\_\_\_\_\_  
 SIGNATURE OF STUDENT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN (IF STUDENT IS UNDER 18)

\_\_\_\_\_  
 DATE