



Session/Year: Summer 2024

July 22 to August 3, 2024 (13 Days)

GIVEN NAME: _____ FAMILY NAME: _____

DOB: ____/____/____ GENDER: MALE FEMALE
mm dd yyyy

HOME ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____

COUNTRY: _____ COUNTRY OF CITIZENSHIP: _____

COUNTRY CODE: _____ CELL PHONE NUMBER: _____ EMAIL: _____

UNIVERSITY ATTENDING/GRADUATED FROM: _____ MAJOR: _____

SIGNATURE: _____ BY TYPING MY NAME HERE
'M PROVIDING MY CONSENT AND APPROVAL DATE: _____

EMAIL COMPLETED FORM TO: yingchuanw@cpp.edu

STUDENTS STOP HERE

OFFICE USE ONLY (Please Initial & Date)		
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		Fees Paid: \$
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