Student Application Form

Western Michigan University Summer Engineering Institute, 2008

Instructions:

Complete and sign this application form. The signature of your parent or guardian is also required. Return this form along with your teacher recommendation letter to Scot Conant, 4601 Campus Drive, Parkview Campus, Kalamazoo, MI 49008-5317. Do not send payment at this time.

Please list your name as it appears on your school record. If you want to be addressed by another name, please put that in parentheses.

Please type or print in ink

Name_____ Phone _____

Address _____ Age _____ Birthdate _____

_____

Preferred Dates (select one)

- ■ August 4 to 8
- ■ August 11 to 15

School _____ School district _____

Name of Parent(s) or Legal Guardian(s) _____

Address of Parent(s) or Legal Guardian(s) (if different from above)

_____

_____

Yes! I want to enroll in the WMU Summer Engineering Institute!

Applicant's Signature _____

By Signing, I give consent to my child to attend the WMU Summer Engineering Institute

Parent's Signature _____

Math and Sciences classes taken in high school: Please include grades attained for each course!

Year	Courses	Grades
9th grade		