

ALUMNI PROGRAM REGISTRATION FORM

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You are eligible to take undergraduate level courses within the School of Arts and Sciences through this program only if you have graduated from a degree bearing program from the University of Pennsylvania and are currently in good standing with the University.

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Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____

If your name has changed since you graduated from Penn, please provide your former name:

Last Name

Penn ID Number (or SSN): _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone No.: _____ E-mail Address: _____

School at Penn from which you graduated: _____

Degree Awarded: _____ Date of Graduation: _____
Month Year

Penn Employee: Yes No If yes, Office or Department: _____

Ethnicity: Please check one. (Optional, for government reports only.)

American Indian/Alaskan Native

Asian/Pacific Islander

Black/African American

Hispanic/Latino

White/Caucasian

Other _____

Course(s) you would like to take: _____ Term: Spring Summer Fall
Four-letter Dept. Code, 6-digit course #

I understand that, as a Penn alumnus, I may enroll in any undergraduate course, contingent on course availability, prerequisites, permits, etc. **I acknowledge that my enrollment is subject to the LPS academic calendar and deadlines, which differ from other Penn calendars**, and I understand that I will be charged the prevailing tuition and fees of the school or college that is offering the course in which I enroll (tuition for non-LPS courses is significantly higher than LPS tuition).

Signature: _____ Date: _____