



BROWN SUMMER AND CONTINUING STUDIES

Pre-College Summer Application

Have you attended a summer program at Brown previously? Yes No

If yes, when? _____
year

Name _____ Sex M F
last, first, middle

Street address _____

City _____ State _____ Zip _____ Country _____

Phone (____) _____ Fax (____) _____

Please note that important program correspondence will be sent to the e-mail address you provide below. Checking it regularly will ensure that you are up to date.

E-mail address: _____

Please re-write e-mail address: _____

School you currently attend _____

Street address or P.O. box _____

City _____ State _____ Zip _____ Country _____

School type Public High School Private High School

I am currently a freshman sophomore junior senior

How did you find out about this program? Letter Friend or relative
 Postcard Radio advertisement
 Search engine Other (please specify) _____
 Counseling office _____

Is anyone in your family a Brown alum? Yes No Relationship _____

Student's citizenship _____

Course Information – Course catalog is available online at www.brown.edu/continuingstudies

You may apply to either the Seven-Week Credit Program or the Mini-Course Program. You may not combine them. Seven-Week students who live on campus take **two** courses. Mini-course students may take **only** one course per session, but may attend as many sessions as they want. Choose your alternate course carefully. If your first course choice is unavailable, you will be placed in your alternate selection. **PLEASE NOTE:** All courses subject to cancellation.

COURSE CHOICE 1

ALTERNATE COURSE CHOICE 1 (Please choose alternates from same session as first-choice course.)

Course code _____ Course code _____

Title _____ Title _____

Meeting time (if available) _____ Meeting time (if available) _____

Session dates _____ Session dates _____

COURSE CHOICE 2

ALTERNATE COURSE CHOICE 2

Course code _____ Course code _____

Title _____ Title _____

Meeting time (if available) _____ Meeting time (if available) _____

Session dates _____ Session dates _____



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COURSE CHOICE 3

Course code _____

Title _____

Meeting time (if available) _____

Session dates _____

ALTERNATE COURSE CHOICE 3

Course code _____

Title _____

Meeting time (if available) _____

Session dates _____

Residence information

- Residential student. High school students who do not live in the area are required to live on campus and will automatically receive meal plans.
- Commuter student. Do you wish to receive the meal plan? Yes No

Agreement of Applicant

I understand that if I am accepted to and agree to attend a Brown University Summer Program, I will be required to abide by and be subject to that program's academic and social code.

I have read and understand the application procedures, admissions, and refund policies for the category of courses I have selected.

Signature _____ Date _____

Please note: If student is under the age of 18, parental approval of participation must be given.

Parental Approval

Permission is granted for my son, daughter, ward _____ to participate, if selected, in a Brown University Summer Program. I understand the necessity for his/her conformance to the conditions and regulations of the Program and of Brown University.

Signature _____ Date _____

Name (printed) _____ E-mail address _____

NOTE: Your completed application must include:

- this application
- a teacher's appraisal
- your transcript from your school that includes current grades
- application fee
- essay if required by your course selection

Please mail or fax your completed application to:

Office of Summer & Continuing Studies
 Box T
 Brown University
 Providence, RI 02912-9120
 Fax: 401 863-3916

Application Fee Schedule

December 1 – February 29 **\$40**

March 1 – May 15 **\$60**

May 16 and later **\$90**

PLEASE NOTE: Application fees and deposits are non-refundable.
 When submitting fees, please include student's name on check.