



## Cooper Union Summer Writing Program Registration Form

### Student Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number & Street* *Apartment #*

\_\_\_\_\_  
*City/Town* *State/Province/ Country* *ZIP/Postal Code*

Home phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High school: \_\_\_\_\_

High school graduation date: \_\_\_\_\_

College you plan to attend: \_\_\_\_\_

How did you learn about the Summer Writing Program? \_\_\_\_\_

***If student is under the age of 18, the following must be completed by a parent or legal guardian:***

Parent or Legal Guardian's name: \_\_\_\_\_

Parent or Legal Guardian's address: \_\_\_\_\_  
*Number & Street* *Apartment #*

\_\_\_\_\_  
*City/Town* *State/Province Country* *ZIP/Postal Code*

Home phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I hereby give my permission for the student named above to participate in the Cooper Union Summer Writing Program**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (mm//dd/yyyy)*

**Payment Information**

**Course Costs:   Deposit:   \$ 500 (due by May 30<sup>th</sup>)  
                          Full Tuition: \$2500 On-campus, \$1400 Online (due by June 30<sup>th</sup>)**

The Cooper Union accepts checks, money orders, cash and credit cards (American express, Discover, Visa and MasterCard) as method of payment.

I am enrolling in the (check one) \_\_\_\_ On-campus    \_\_\_\_ Online Summer Writing Program.

**Registration and credit card payment may be emailed to:** summerwritingprogram@cooper.edu

**Registration and credit card payment may be faxed to:**   (212) 353-4398

**Registration and check, money order, or credit card payments may be mailed to:**

Summer Writing Program

Room 327

The Cooper Union

41 Cooper Square

New York, NY 10003

**If paying by credit card, please fill out the following:**

Name as it appears on credit card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Credit Card (circle one): AMEX VISA MasterCard Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_ Amount to be charged to your card: \$ \_\_\_\_\_

Name of Registrant (if different from card): \_\_\_\_\_

E-mail address for receipt: \_\_\_\_\_

Phone number: \_\_\_\_\_