

**CHAMINADE UNIVERSITY OF HONOLULU  
SUMMER DAY REGISTRATION FORM**

Type or print clearly all information and send along  
with remittance (made payable to CHAMINADE UNIVERSITY)  
to Records Office, Chaminade University, 3140 Waiialae Avenue,  
Honolulu, Hawaii 96816-1578

Social Security Number \_\_\_\_\_

Mr.  Mrs.  Ms.  Other

NAME: Last      First      Middle		Gender	Birth Date
Mailing Address		City	State
Zip Code	email	Phone	Cell Phone
I <input type="checkbox"/> have <input type="checkbox"/> have not applied to Chaminade.		Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	
LIST COLLEGE OR UNIVERSITY LAST ATTENDED OR CURRENTLY ATTENDING			
Name of Institution	Location	From Mo./Yr.	To Mo./Yr.
HIGH SCHOOL LAST ATTENDED OR CURRENTLY ATTENDING			
Name of Institution	Location	From Mo./Yr.	To Mo./Yr.
Year Graduated _____	Other: H.S. Equivalency _____		

I certify that the above information is complete to the best of my knowledge. Further, I understand that to be admitted as a classified student, I must complete the regular admissions process.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Course Number	Title	Credits	Session	Instructor
TOTAL CREDITS				

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**BUSINESS OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE**  
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Fees & Charges	Amount	Fees & Charges	Amount	<input type="checkbox"/> Cash	<input type="checkbox"/> V.A.
Tuition		Other:		<input type="checkbox"/> Check	<input type="checkbox"/> T.A.
Lab/Ceramics		Total Due:		<input type="checkbox"/> M.O.	<input type="checkbox"/> Self
Art Studio		Less		<input type="checkbox"/> P.O.	<input type="checkbox"/> E.A.
Parking				<input type="checkbox"/> Other	

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_