

## Registration The Cooper Union

### **Summer Writing Program**

Name		DOB		
l am enrolling in the	On-campus Section 1 Section 2 No preference	☐ On-line Summe	Writing Program	
Address			Apt	
City		State	Zip	
Home tel		Cell		
Email				
High School		Grad Date		
College you plan to attend				
How did you learn about the Sum	mer Writing Program?			
f student is under the age of 18 Parent/Legal Guardian's Name	, the following must be c	ompleted by a parent or lega	l guardian:	
Address			Apt	
City		State	Zip	
Home tel		Cell		
Email				
hereby give my permission for the	ne student named above t	o participate in The Cooper U	nion Summer Writing Progam:	
Signature	Date (mm/dd/yyyy)		уууу)	
f paying by credit card, please f	ill out the following:			
Name as it appears on card				
Billing Address			Apt	
City		State	Zip	
Credit Card 🗌 AmEx 🔲 Discove	r □ VISA □ MasterCar	d		
Account No.		Ехр	CSS	
Amount to be charged to your ca	rd \$			

Tel

# **THECOOPERUNION**

#### **Payment Information**

\$500 Deposit

Due June 1

Tuition

On-campus \$2500 On-line \$1400

Due by June 30

10% discount if paid in full

by June 1.

The Cooper Union accepts checks, money orders, cash and credit cards (AmEx, Discover, VISA and MasterCard).

#### Return this form to:

The Cooper Union **Summer Writing Program** 41 Cooper Square Room 327 New York, NY 10003

#### Fax

212.353.4398

summerwritingprogram @cooper.edu

Email address for receipt