

SUMMER DAY REGISTRATION FORM

CHAMINADE UNIVERSITY OF HONOLULU



This registration form is for students who are NOT current Chaminade students. Currently enrolled students can register via the portal in the same manner as they would for fall or spring courses

*****All tuition and fees are due in full prior to the start of the term, or your registration will be cancelled*****

Please submit this form along with remittance (made payable to Chaminade University) by:

Mail: Chaminade University of Honolulu
 Attn: Records Office
 3140 Waiialae Ave., Honolulu, HI 96816

OR

Submit to Records Office in Clarence
 T.C. Ching, Room 6

() Mr. () Mrs. () Ms. () Other SSN: _____

Name: _____ Gender: _____ DOB: _____
Last *First* *Middle*

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Email: _____ Phone: _____

Citizenship: () U.S. () 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.

Course # (AN-200-90-1)	Title (Example: Cultural Anthropology)	Credits	Session (I or II)	Instructor
Total:				

Signature: _____ Date: _____

Business Office use only: DO NOT WRITE BELOW THIS LINE

Fees/Charges	Amount
Tuition	
Lab/Ceramics	
Art Studio	
Other	
Total Due:	
Less:	

Paid by:	
(<input type="checkbox"/>) Cash	(<input type="checkbox"/>) V.A.
(<input type="checkbox"/>) Check	(<input type="checkbox"/>) T.A.
(<input type="checkbox"/>) M.O.	(<input type="checkbox"/>) P.O.

Date Stamp
& Initial