



Saint Peter's

UNIVERSITY

The Jesuit University of New Jersey

Summer Course Opportunities
\$225/Course

Registration Forms and Payment
Due to the Guidance Department
by May 10, 2019.

Session 1			Session 2		
Start Date:	5/21/19		Start Date:	7/3/19	
End Date:	7/2/19		End Date:	8/15/19	
Course & Section number	Title	Location	Course & Section number	Title	Location
SO-121	Intro to Sociology	WEB	AR-127-WS2	Introduction to the Visual Arts	WEB
TH-120	Christianity	WEB	UR-151	The Contemporary City	JC
PS-151	Intro to Psychology	WEB	PO-100	Perspectives on Politics	WEB
BL-161	Introduction to Law & Contracts	WEB	BA-151	Principles of Management	WEB
EC-101	Macroeconomics	WEB	EL-122	Drama	WEB
EL-134	Fiction	WEB	HE-122-WS2	Nutrition in Health and Disease	WEB
MA-106-WSU1	Introduction to Probability & Statistics	WEB	EC-102	Microeconomics	WEB
PC-185	General Physics I	JC	TH-110	Religious Faith	WEB
PC-187	General Physics Laboratory I	JC			



Saint Peter's UNIVERSITY

Name: _____ Date Of Birth: ____/____/____ Gender: Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____

Student Contact Number: _____ Student Contact Email: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Number: _____

High School Name: _____

Guidance Counselor Name: _____ Guidance Counselor Email: _____

Please fill out the following with the classes you would like to register for:

Course No. Department-Number-Section (ex: CM-117-02)		

Guidance Counselor Signature _____ Date _____

University Official Signature _____ Date _____

Student Signature _____ Date _____

The ACE Program fee is \$225.00 and should be made payable to Saint Peter's University. Payments by checks, money order, or credit card can be accepted. A 2.3% Convenience fee will be charged per AMEX transaction. A 2.0% Convenience fee will be charged per VISA, DISC, MC transaction. If you are paying by a credit card, please complete the information below.

I authorize Saint Peter's University to charge the credit card number listed below in the amount of \$ _____. I understand and agree this authorization will remain in effect until Enrollment Services receives a written notification of cancellation. Enrollment Services must receive this notification at least 10 business days in advance of the payment due date.

_____	_____/_____/_____	_____
Card Number	Exp. Date	VCODE
_____	_____	
Name as it appears on card	Authorized Signature	

I accept responsibility for payment of all charges in connection with the above registration, including penalties and collection charges should my account become delinquent, which may be based on a percentage at a maximum of

33% of the debt, and all costs and expenses, including reasonable attorney's fees, which are incurred in collection efforts for any amount not paid when due. If you receive financial aid and enroll for less than full-time, check with your financial aid counselor to see what effect it may have on your financial aid package. All fees are non-refundable once the term begins. To view the refund policy, please visit www.saintpeters.edu/refund

To be filled out by Admissions Only:

Id Number: _____

Accelerated College Experience (ACE)

Information Sheet

The Accelerated College Experience is designed to enrich the educational development of academically-talented high school students. Students earn academic credit for advanced coursework completed in their high school or at Saint Peter's University.

INSTRUCTIONS:

1. Please print all information.
2. Mail or email completed information sheets to:

Dr. Nicole DeCapua Rinck, Dean for Academic Success and Engagement

Accelerated College Experience (ACE)

McDermott Hall, Lower Level

Saint Peter's University, 2647 Kennedy Boulevard

Jersey City, New Jersey 07306

ACE@saintpeters.edu

Should you have question, call 201.761.6038.

Name: _____

Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Student Contact Number: _____ Student Contact Email: _____

Intended Major: _____

Citizenship Status: _____ Social Security # _____

Parent/Guardian Name: _____ Parent/Guardian Contact Number: _____

High School Name: _____

High School Address: _____

Year of Graduation: _____ Date of Birth: ____/____/____

Guidance Counselor Name : _____ Guidance Counselor Email or Phone: _____

Religion (Optional): Catholic(1) Protestant(2) Jewish(3) Other(4) None(5)

Ethnic/Racial Background (optional):

Asian /Pacific Islander (1)

Puerto Rican (3)

Arabic (6)

Native American (2)

Cuban (4)

Black (not of Hispanic Origin) (7)

Other Hispanic (5)

White (not of Hispanic Origin) (8)

I hereby waive my right to confidentiality in regard to my grade from Saint Peter's University and give permission for it to be sent to my high school.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Degree Code: _____

Major: _____

Status: _____

Class Year: _____

Spec. Prog: _____

CEEB No: _____

Entrance Semester _____