APPLICATION FOR
SUMMER STUDENTS

Universidad del Sagrado Corazón
San Juan, Puerto Rico

Have you previously studied at USC ? YES ☐ NO ☐

This application is to be filled out by students from others universities who wish to enroll at USC for summer courses only. For regular admission, please contact the Enrollment Office for the proper application form.

Your application should be accompanied by :
- Application fee of $15.00 check, money order or credit card (non refundable)
- Written permission from your university.

PHONE (787) 728-2070
If you have any questions please contact our offices:
Monday to Friday from 7:30 am to 6:00 pm

WWW Email: nuevoingreso@sagrado.edu
For immediate information

MAIL Completed application form with written permission from your university and payment of application fee.

UNIVERSIDAD DEL SAGRADO CORAZON
OFICINA DE NUEVO INGRESO
PO BOX 12383
SAN JUAN PR 00914-0383

FAX (787) 728-2066 - 24 hours a day, 7 days a week
Completed application form with: written permission from your university, application fee of $15.00 charged to:

☐ American Express ☐ VISA ☐ Master Card ☐ Discover Card

Card holder: _____

Card number: | MO. | YR.

Expiration date

_____
Card holder Signature

If you file or fax your application before the first week of May, you can benefit from the course reservation system. Otherwise, reservation is subject to course availability.

1 LAST NAME | MOTHER'S MAIDEN NAME

FIRST NAME | M.I.

2 STUDENT NUMBER

3 COURSE RESERVATION

FIRST SUMMER SESSION - JUNE

course & number	sec.	crts.	day	hours	official use
MAT 210	81	3	L-K-M-J	5:30 PM	example

SECOND SUMMER SESSION - JULY

course & number	sec.	crts.	day	hours	official use
BIO 101	2	3	L-K-M-J-V	9:00 AM	example

4 SESSION YOU PLAN TO ATTEND:
☐ 3 = FIRST SUMMER SESSION (JUNE) ☐ 4 = SECOND SUMMER SESSION (JULY)

5 UNIVERSITY YOU ARE CURRENTLY ATTENDING:
NAME: _____
STATE: _____

STUDENT INFORMATION

(Type or use ballpoint only)

5 LAST NAME

MOTHER'S MAIDEN NAME

FIRST NAME

M.I.

6 GENDER: ☐ FEMALE ☐ MALE

7 SOCIAL SECURITY NUMBER ___-___-____

8 E-MAIL

9 PERMANENT MAILING ADDRESS

NUMBER AND STREET (INCLUDE APT. NO.)

CITY

STATE

ZIP CODE

10 AREA CODE

HOME PHONE NUMBER ___-____

11 CITIZENSHIP

12 Are you a USA permanent resident? YES ☐ NO ☐

*If yes, what is your alien registration number?:

A

*If you are neither a permanent resident nor a United States citizen, what is your visa type? ☐ E= STUDENT ☐ F= FAMILY ☐ V= TRAVEL ☐ P= PROFESSIONAL ☐ T= TOURIST

13 STUDENT STATEMENT

I hereby certify that the information I provided In this application is accurate. I understand that misrepresentation or omission of information in this application, and/or in my credentials may be cause for denied or cancellation of admission.

Signature of student

Date

THE UNIVERSITY OF THE SACRED HEART IS AN AFFIRMATIVE ACTION, EQUAL OPORTUNITY INSTITUTION.

FOR EXCLUSIVE USE OF THE NEW ENROLLMENT OFFICE

	month	day	year	
SUBMITTED				__ __ __
PROCESSED				__ __ __
COMPLETED				__ __ __