



JOHNS HOPKINS UNIVERSITY

SUMMER 2010

PRE-CERTIFIED RESIDENTIAL

ADMISSION DECISION FORM

Your fee for the Pre-College Program is **\$6,800.00** for 6 credits, **\$7,450.00** for 7 credits; please make your check payable to the Johns Hopkins University.

Below is a payment slip which we require you return with this form. If you are making a payment with a credit card please indicate the appropriate information in the spaces provided. If you are making a payment in part by check and in part by credit card please indicate amount to be charged in the space provided in the **OFFICE USE ONLY** box on the slip.

I, _____ (circle one) **accept/do not accept** the offer of admission to the Johns Hopkins University Summer University Program. I have enclosed full payment with my acceptance.

Student Signature: _____

Social Security Number (Required): _____ Date: _____

Date of Birth (MM/DD/YYYY): _____

Parent/Guardian Signature: _____ Date: _____

Reason for Decline:

Accepted to another program: _____

Scheduling conflict: _____

Other reason (Briefly explain): _____

Payment Method:   

Discover: _____ MasterCard: _____ Visa _____ Check No. _____

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Daytime Telephone: _____ Email: _____

Student's Full Name: _____ SSN#: _____

Term: **Summer** Year: **2010**

OFFICE USE ONLY

AUTH:

REF:

AMOUNT: \$