



HSP Code: _____

Office of High School and Pre-College Programs
Nexus Building, Room 104
One South Ave.
Garden City, NY 11530
P 516.877.3046 | F 516.877.3039
E hsp@adelphi.edu

High School Program Registration Form for On-Campus Classes

Please complete and return this form, as well as a check for \$525 (made out to Adelphi University), to the **Office of High School and Pre-College Programs**. *Please note that registration is subject to high school enrollment and standing verification.*

STUDENT INFORMATION

Last Name _____ First Name _____

SSN _____ DOB _____

Email Address _____ Phone No. _____

Home Address _____

Class Standing ___ Sophomore ___ Junior ___ Senior HS Year of Graduation 20____

High School Name _____

COURE ENROLLMENT INFORMATION

Course Title _____

Course No. _____ - _____ - _____ Instructor's Last Name _____

Student's Signature _____ Today's Date _____