



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](mailto:hsp@adelphi.edu)

## High School Program Registration Form for On-Campus Classes

Please complete and return this form, as well as a check for \$505 (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 \_\_\_\_\_