



Session/Year: Spring 2025

February 2 to 15, 2025 (14 Days)

GIVEN NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER:  MALE  FEMALE  
mm dd yyyy

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

COUNTRY CODE: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

UNIVERSITY ATTENDING/GRADUATED FROM: \_\_\_\_\_ MAJOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BY TYPING MY NAME HERE  
'M PROVIDING MY CONSENT AND APPROVAL DATE: \_\_\_\_\_

EMAIL COMPLETED FORM TO: [yingchuanw@cpp.edu](mailto:yingchuanw@cpp.edu)

**STUDENTS STOP HERE**

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