

Syracuse University Project Advance Course Application 2016 - 2017

400 Ostrom Ave, Syracuse, NY 13244

Ph: 315-443-2404 | Fax: 315-443-1626 | <http://supa.syr.edu>

Date _____

NAME Last Middle First

ADDRESS

CITY/TOWN STATE ZIP

U.S. Citizen _____ Home Phone Number _____

U.S Social Security Number _____ Date of Birth _____

Gender _____ Parent Cellphone _____

Student Email _____ Parent Email _____

PARENT NAME Last First

HIGH-SCHOOL

Financial Responsibility

Course	Ref No	Section	Credits	Semester	Cost
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*Financial responsibility has been assumed by Middletown City School District through The Race to the Top Grant due to expire in the 2016-2017 school year

Student NAME DATE Student SIGNATURE

I am a dependent of the parent/guardian who is listed below and give my consent for my parent/guardian to have access to my financial records and make payments on my behalf for SU courses taken through Project Advance. My signature confirms I have read and understand the Academic Integrity policy located at <http://tinyurl.com/supa-ai>

Parent/Guardian NAME DATE Parent/Guardian SIGNATURE

I understand that registering for a Syracuse University course incurs a financial obligation to the University, whether or not the student successfully completes the course(s). Financial responsibility has been assumed by Middletown City School District through The Race to the Top Grant due to expire in the 2016-2017 school year.