

APPLICATION FOR ADMISSION TO THE PHILADELPHIA URBAN SEMINAR
5/19/13-5/31/13

NAME: _____ DATE: _____

GENDER: ___ MALE ___ FEMALE AGE: _____

M NUMBER/STUDENT ID: _____

MAJOR: _____ GPA: _____

LOCAL ADDRESS: _____

HOME ADDRESS: _____

LOCAL TELEPHONE NUMBER: _____

HOME TELEPHONE NUMBER: _____

EMAIL ADDRESS (THE ONE YOU USE): _____

YEAR IN SCHOOL (CHECK ONE) FRESHMAN SOPHOMORE
 JUNIOR SENIOR

GRADE LEVEL REQUESTED (CIRCLE): K-3 4-6 6-9 9-12

CONTENT AREA (IF SECONDARY ED, BE SPECIFIC) _____

DO YOU NEED TRANSPORTATION TO/FROM PHILADELPHIA (CIRCLE)? YES NO

APPLICATION DUE ON OR BEFORE 3/1/13

\$200 DEPOSIT ON OR BEFORE 3/15/13

DR. TIM MAHONEY
STAYER 425

717-871-7202

TO BE COMPLETED BY DR. MAHONEY:

DEPOSIT PAID: (MAKE CHECK PAYABLE TO MILLERSVILLE UNIVERSITY) _____

COPIES OF CLEARANCES ON FILE _____

MEDICAL INFORMATION ON FILE _____

LOTTERY NUMBER _____

PHILADELPHIA URBAN SEMINAR

NAME: _____

CERTIFICATION AREA : _____

GRADE LEVEL: _____

WRITE A COUPLE OF PARAGRAPHS IN RESPONSE TO THE QUESTION BELOW:

DO YOU SEE A GLASS AS HALF FULL OR HALF EMPTY? EXPLAIN YOUR ANSWER.