SUMMER SESSIONS

Senior Citizen Course Attendance Request Form

Last name ______________________  First name ______________________  Middle/Maiden name ______________________

Street Address ______________________  City ______________________  State ______  Zip code ___________

Phone ______________________  Email ______________________  Date of Birth ______/____/____

Male □  Female □

Education:
□ High School  □ College  □ Graduate/Professional  Degrees held: ______________________

Have you ever attended Creighton University? Yes □  No □  If yes, when: ______________________

Name under which you were enrolled, if different from above: ______________________

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<th>Term</th>
<th>Department</th>
<th>Course Number</th>
<th>Course Section</th>
<th>Course Title</th>
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Note: You are not held responsible for the work expected of regular students, are not admitted to final examination, and receive no grade or credit for the course.

Signature ______________________  Date ______________________

In case of emergency, please notify:

Name ______________________  Address ______________________

Phone ______________________  Relationship ______________________