



Bioscience Summer Camp
South Mountain Community College
June 1 – July 2, 2009
Monday – Thursday, 1 PM – 5 PM



Name _____ Phone _____

Address _____ Birth date _____

City _____ Zip Code _____ E-mail _____

High School _____ Expected Graduation Date _____

Name of parent(s) or legal guardian _____

Student: I understand that, if accepted, I will be participating in a college class and earning four (4) college credits. It is expected that I will attend all twenty (20) class sessions, Monday – Thursday, June 1st through July 2nd, and that I will complete the required course work. I agree that my transportation is my responsibility

Print name _____
(Student Applicant)

Signature _____ Date _____

Parent/Guardian: I understand that, if accepted, my son/daughter will be participating in a college class and earning four (4) college credits and that it is expected that he/she will attend all twenty (20) class sessions and complete that required course work.

Print name _____
(Parent or Guardian)

Signature _____ Date _____

Teacher recommendation: Please ask one teacher who knows you to sign the following

I recommend (Name) _____ as a participant in the Bioscience Summer Camp to be conducted June 1st through July 2nd at South Mountain Community College.

Comments: _____

Signature _____ Title _____

E-mail _____ Phone _____

