



# AP® Summer Institute Enrollment Request Form

AP Lewes Institute \_\_\_\_\_

Goucher College

\_\_\_\_\_  
First Name Last Name SSN #

\_\_\_\_\_  
CCPS Location Cell # E-Mail

\_\_\_\_\_  
DOB Gender

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Course Number Course Name

Dates of Attendance: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_