

2018 Macalester College Summer Physics Institute Registration Form
for
Physics 221 (May 29 (T) – June 22 (F))
Physics 222 (June 25 (M) – July 20 (F))

Name: _____
 Last First Middle

Social Security Number (The Registrar's Office needs it):

Date of Birth: _____

Home Address: _____
 Number & Street
_____ City State Zip

E-mail address: _____

Country of Citizenship: _____ Gender: M _____ F _____

Home Institution (currently enrolled or graduated from):

Laboratory Section Preference: please check one.
_____ 8:10- 10:00 a.m., TWTh **or** _____ 11:20 a.m. - 1:10 p.m., TWTh

Signature of Student

Date

E-Mail to: kim@macalester.edu, or mail to Dr. Sung Kyu Kim, Department of Physics, Macalester College, 1600 Grand Avenue, St. Paul, MN 55105