

Please mail this form with a check to:

Loyola University Maryland
Leadership and New Student Programs
E413 Student Center
4501 N. Charles Street
Baltimore, MD 21210



LOYOLA
UNIVERSITY MARYLAND

ORIENTATION REGISTRATION FORM

NAME FIRST LAST MIDDLE

BIRTHDATE (MONTH/DAY/YEAR) SEX: MALE / FEMALE SOCIAL SECURITY NUMBER

HOME ADDRESS

CITY STATE/ COUNTRY IF APPLICABLE ZIP CODE

HOME TELEPHONE CELL PHONE EMAIL

FAMILY MEMBERS ATTENDING ORIENTATION DO NOT LIST STUDENTS NAME IN THIS SECTION

NAME SEX RELATIONSHIP TO STUDENT AGE if minor YES NO STAYING OVERNIGHT?

NAME SEX RELATIONSHIP TO STUDENT AGE if minor YES NO STAYING OVERNIGHT?

NAME SEX RELATIONSHIP TO STUDENT AGE if minor YES NO STAYING OVERNIGHT?

NAME SEX RELATIONSHIP TO STUDENT AGE if minor YES NO STAYING OVERNIGHT?

Do you or any family members attending Orientation have a disability requiring special accommodations? If so, please indicate in the space provided so that we may make arrangements for you.

Are you or any family members vegetarian or have any other food restrictions? If so, please indicate in the space provided so that we may make arrangements for you.

DATE

Please rank the orientation dates in order of preference (eg. 1=first choice, 2= second, etc..)

June 22-23 July 6-7
June 25-26 July 9-10

COST

Student Registration Fee \$100
Total number of parents and family attending and staying on campus (x\$85 ea.)
Total number of parents and family attending sessions but without housing (x\$60 ea.)

TOTAL