



PharmAcademy Summer Program 2025 Registration Form

Student Name: _____
First Last

Home Address: _____
Street

City, State Zip

Student Cell Phone: (_____) _____

Student Email Address (used in summer): _____

Parent Name(s): _____

Parent Email Address (that is checked frequently): _____

Home Telephone or Parent Cell Phone: (_____) _____

Student Birthdate (MM-DD-YYYY): _____

Which year will the student graduate high school? 2026 2027

(This program is only available to students who are completing their sophomore or junior year of high school.)

High School Attending: _____

T-shirt size (adult sizes): Small Medium Large X-Large

Gender: ** Male Female Prefer not to answer

Race or Ethnic Origin: **

White (Non-Hispanic) American Indian or Alaskan Native
 Black (Non-Hispanic) Hispanic
 Asian or Pacific Islander Other: _____

Weighted Cumulative GPA: ** _____

** The Gender, Race/Ethnicity, and GPA data will be used to help evaluate our efforts relative to providing equal educational opportunities for all students. These data are optional and will not be used as criteria during the registration process.

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Emergency Contact Name: _____ **Relationship to Student:** _____

Emergency Contact Phone: (_____) _____

Any known allergies, dietary restrictions, and/or medications:

Is the student a vegetarian? Yes No

Does the student plan to stay at *another* address (other than the home address) for the duration of the program? No Yes (If yes, we will contact you for details)

Payment

A check in the amount of \$210 is enclosed, payable to Northwestern University.

Please charge \$210 to my credit card:

Credit Card Type:

Master Card Visa Discover American Express

Card Number: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Expiration Date (MM-YYYY): _____ Security Code: _____

Name on the credit card: _____

Billing Street Address: _____

Billing Zip Code: _____

The undersigned authorizes and directs Northwestern University to charge \$210 to this designated credit card.

Signature _____ Date: _____

Please mail this completed Registration Form, completed Consent Form, and check or credit card information to: Northwestern University, College of Pharmacy, Downers Grove Campus, Dean's Office, Ms. Cheryl Kane, 555 31st Street, Downers Grove, IL 60515

If completing this form and paying with credit card, this Registration Form along with the completed Consent Form may be faxed to: 630-971-6097 or emailed to: cpdg@northwestern.edu. If there are any questions, please call 630-971-6417.

Upon receipt of the completed Registration Form and Consent Form, as well as full payment, enrollment will be confirmed via email to the parent **and** student email addresses provided at the beginning of this form.