WASHINGTON ADVENTIST UNIVERSITY

SUCCESS YOUR SUMMER

Application Form

Please complete and mail this application to the address as listed below:

COURSE TITLE: _____

Participant NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE: _____

ENCLOSED PAYMENT- Check or Money Order for $_____made out to *Washington Adventist University*.

MAIL APPLICATION AND CHECK TO:

Washington Adventist University
Provost Office
7600 Flower Avenue
Takoma Park, MD 20912