



Summer SOAR Application

INSTRUCTIONS: Please complete the following information to apply for the tuition discount related to the Summer SOAR program.

Please complete all information and submit to eac@coppin.edu. Allow 2 weeks for processing.

Student Name _____ Coppin ID Number _____

Class Year (Select One) Freshmen Sophomore Junior Senior Post-Bacc

Major _____ Advisor _____

Phone Number _____ Student Email Address _____

Permanent Address _____

City _____ State _____ Zip Code _____

Students are required to have completed **30 hours** between Fall, Winter, and Spring Semesters.

Please provide this information from your unofficial transcript.

Term	Credit Hours Enrolled	Credit Hours Passed
Fall Semester 2024		
Winter term 2024		
Spring Semester 2025		(N/A) <i>The student understands if needed credits are not passed; you may lose eligibility for Summer SOAR tuition discount.</i>

By signing, you understand the conditions and will enroll by the deadline date, May 16, for the Summer SOAR program.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

EAC Approval _____ Date _____

Office Use: Received Date _____

For questions: Email eac@coppin.edu or Call 410-951-3500