

*This application is for college students currently matriculating at institutions other than Holy Cross. A separate form is required for each summer course. Financial aid and/or campus housing will not be available.*



Forms will be accepted until May 30, 2019. However, applicants are encouraged to submit as early as possible to help ensure course placement.

**APPLICATION TO ENROLL IN A SUMMER COURSE AT COLLEGE OF THE HOLY CROSS**

*Type or Print*

Name

\_\_\_\_\_  
(Last) (First) (Middle)

Address

\_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Date of Birth

\_\_\_\_\_  
(Month) (Day) (Year)

Last 4 digits of SSN

\_\_\_\_\_

Home Phone

\_\_\_\_\_  
(Area Code) (Number)

Cell Phone

\_\_\_\_\_  
(Area Code) (Number)

Email

\_\_\_\_\_

**In Case of Emergency, Notify:**

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Address

\_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Home Phone

\_\_\_\_\_  
(Area Code) (Number)

Cell Phone

\_\_\_\_\_  
(Area Code) (Number)

**What college or university do you currently attend?**

School Name

\_\_\_\_\_

School Location

\_\_\_\_\_

Dates Attended

From: \_\_\_\_\_

To: \_\_\_\_\_

**Please have a School Official complete Page 3 of this application.**

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**Please provide a statement explaining your interest in the Summer Session Program:**

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**Which summer course at Holy Cross interests you?**

Course Title 

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Course Subject 

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Course Number 

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**If applicable, have you met the pre-requisites for this course?**

☐

Yes

☐

No

It is your responsibility to ensure that you have met any pre-requisites for your course of interest. Please specify below the courses you have taken that satisfy these requirements:

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**Student Signature** 

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*This page and page 4 must be completed by a School Official.*

**Contact Information:**

Institution / CEEB \_\_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Name \_\_\_\_\_

Official Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Area Code) (Number)

**Student Evaluation:**

Academic Year ☐ First Year ☐ Second Year ☐ Third Year ☐ Fourth Year ☐ Other \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Is applicant in good academic standing? ☐ Yes ☐ No ☐ School policy prevents me from responding

Is applicant in good disciplinary standing? ☐ Yes ☐ No ☐ School policy prevents me from responding

**If you answered "No", to either of the above questions, please provide further details on page 4.**

I recommend this student: ☐ No Basis ☐ With Reservation ☐ Fairly Strongly ☐ Strongly ☐ Enthusiastically

School Official Signature \_\_\_\_\_

**Please mail this form and accompanying documents directly to the following address:**

**College of the Holy Cross  
Office of the Registrar  
1 College Street  
Worcester, MA 01610**

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**If you answered "No" to either question regarding the applicant's good standing, please provide additional details of the circumstances below:**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.