

## YOUNG SCHOLARS PROGRAM

## Application/Registration Form

Name:							
Last		First					
Address:		Phone	e:				
City:		E-mai	il:		<u>_</u>		
State:				Date of Birth:			
Zip:		_ Gend	er:	Male	Female		
SS#		_					
High School:	Exped	Expected Year of Graduation:					
Guidance Counselor:							
Is this your first time taking classes	s at Miseric	ordia Univer	sity?				
What semester and year are you applying:							
Please list your 1 <sup>st</sup> and 2 <sup>nd</sup> choice of	of classes y	ou wish to ta	ıke. Also	o include 2 a	alternative classes.		
COURSE NAME	NUMBER	SECTION	DAY		TIME		
1.							
2.							
ALTERNATIVES:							
1.							
2.							

Please submit the completed for to your high school counselor. If you have any questions regarding the Misericordia University courses, please contact Rosalie at 570-674-6450.