

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 22, 2024. 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:

Which summer course at Holy Cross interests you?

Course Title _____

Course Subject _____

Course Number _____

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:

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:
