

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 21, 2025. 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 _____ Last 4 digits of SSN _____
(Month) (Day) (Year)

Home Phone _____ Cell Phone _____
(Area Code) (Number) (Area Code) (Number)

Email _____

In Case of Emergency, Notify:

Name _____

Relationship _____

Address _____
(Number) (Street) (City) (State) (Zip Code)

Home Phone _____ Cell Phone _____
(Area Code) (Number) (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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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 FAX this form and accompanying documents to 508-793-3790 or 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**

