

**COLLEGE EARLY: SUMMER IN RESIDENCE
Summer 2017 Application**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	
Birthdate	Social Security Number	
<input type="text"/>	<input type="text"/>	
Home Address	Home Phone	
<input type="text"/>	<input type="text"/>	
Student's Cell Phone	Student's Email Address	
<input type="text"/>		
High School Mailing Address		

Gender (circle one): **Female** **Male** **Academy Level** (circle one): **Junior** **Senior**

Course Selection

(To be completed by the student and the high school registrar, if applicable)

Directions for the student: Please indicate your first and second choices (if a second choice is applicable) for the course that you would like to take by writing 1 and 2 next to two of courses below.

Directions for the high school registrar: If the student has selected CHEM-101 as a course option below, please indicate whether the student has met the prerequisite requirement based on his/her high school transcript by checking the box.

Two-week course options:

- FDNT-235: Nutrition** (3 credits; June 26 through July 6)
- COMM-226: Public Speaking** (3 credits; June 26 through July 7)

Four-week course option:

- CHEM-101: Introductory Chemistry** (4 credits; June 26 through July 21)
- The student has met the following prerequisite: Algebra I

Registrar's Authorization

(To be completed by the high school registrar)

After reviewing this student's official transcript at our institution, and based on my personal knowledge of him/her, I certify that he/she not only meets the 3.5 minimum GPA requirement, but also possesses excellent academic ability, respect for and cooperation with authority, responsibility, communication skills, interpersonal skills (with peers, parents, and teachers), and is cooperative in a group setting.

<input type="text"/>	<input type="text"/>	<input type="text"/>
High School Registrar (Print)	Signature	Date

Principal's Authorization

(To be completed by the high school principal)

I certify that this student possesses excellent academic ability, respect for and cooperation with authority, responsibility, communication skills, interpersonal skills (with peers, parents, and teachers), and is cooperative in a group setting.

<input type="text"/>	<input type="text"/>	<input type="text"/>
High School Principal (Print)	Signature	Date

Student Agreement and Parental Consent

(To be completed by the student and parent or legal guardian)

I certify that the information given on this application is complete and accurate and that I have completed this application with the full knowledge and consent of my parent(s) or legal guardian(s).

I also understand that the grades I receive for all College Early courses become a permanent part of my PUC transcript. Therefore, (check all that apply)

after the program is finished, please mail a grade report to my home address.

after the program is finished, please mail a grade report to my high school.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Signature	Date	Parent or Legal Guardian Signature	Date

Instructions for the Applicant

Please either mail, scan and email, or fax the completed form to:

Mailing Address: Office of the Associate Academic Dean
Academic Administration
One Angwin Avenue
Angwin, CA 94508

Phone: 707-965-7103
Fax: 707-965-7104
Email: academicadministration@puc.edu

College Authorization

(To be completed by the Associate Academic Dean)

This applicant is approved for admission to the College Early: Summer in Residence 2017 program. Please register him/her for:

<input type="text"/>
Course Approved

<input type="text"/>	<input type="text"/>
Edwin Moore, Associate Academic Dean, Pacific Union College	Date