

HIGH SCHOOL COLLEGE CREDIT PROGRAM

Printable Application Form
University College in Arts & Sciences
Washington University in St. Louis

Type or print clearly.

1. Name: _____
last first middle initial prefer to be called

Permanent mailing address: _____
number and street

_____ city state zip

Country: _____ E-Mail address: _____

Telephone: _____ Home phone (if different): _____

Date of birth: _____ Place of birth: _____

Social Security Number: _____ Male Female

2. Parents: (Please indicate custodial parent, if applicable)

Mother _____ Father _____
last first last first

_____ address address (if different)

_____ city, state, zip city, state, zip (if different)

_____ home phone work phone home phone work phone

3. High School: _____ Public Private Boarding
name

_____ High school mailing address

Counselor name: _____ Telephone _____

Applying for: Fall _____ Spring _____ Summer _____

How did you find out about this program? _____

Course(s) of interest: _____

4. Signature: I certify that the information contained herein is true, complete, and correct. I understand that all materials pertaining to my acceptance become the property of Washington University Summer School.

Signature _____ Date _____

5. Activities, Interests: In order of importance to you, please indicate no more than four extracurricular activities (community, personal, research, religious, school, athletics, etc.) you have been involved in during high school. If the name of the activity is not self-explanatory, please describe it.

Activity _____

Position Held _____

Grades of Participation (please circle) 9 10 11 12

Honors, Awards, Recognition, Letter, etc. _____

Activity _____

Position Held _____

Grades of Participation (please circle) 9 10 11 12

Honors, Awards, Recognition, Letter, etc. _____

Activity _____

Position Held _____

Grades of Participation (please circle) 9 10 11 12

Honors, Awards, Recognition, Letter, etc. _____

Activity _____

Position Held _____

Grades of Participation (please circle) 9 10 11 12

Honors, Awards, Recognition, Letter, etc. _____

To which activity or interest have you made the greatest commitment or contribution? Why?

6. Choose one adjective to describe yourself: _____

Comment briefly:

What is the most challenging academic course you have taken? _____
How did you meet the challenge?

7. Recommendation(s): Have your high school counselor and/or teacher write, and return to you in a sealed, signed envelope, a letter of recommendation on your behalf. Forms are attached.

8. Transcript: Obtain an official copy of your latest high school transcript, with standardized test scores, in a sealed envelope with your counselor's signature across the seal.

9. Registration Form: Complete a University College/Summer School Registration Form.

10. Enclose your completed application, transcript, letter(s) of recommendation, and the registration form, IN A SINGLE ENVELOPE, and mail to:

College Credit Program for High School Students
Campus Box 1064
Washington University
One Brookings Drive
St. Louis, MO 63130-4899

Questions? Call (314) 935-6759.

Form: 07/08