

Application for High School Transient Admission

HIGH SCHOOL TRANSIENT STUDENT POLICY

Summer, Fall and Spring Semesters

High school students who have completed their junior year are eligible to enter John Carroll University for two (2) courses or eight (8) hours per semester. Students must meet the following criteria:

1. Have a GPA of 3.2 or better; and
2. Be in the upper half (1/2) of the high school class.

Students may register for classes for which they have the appropriate prerequisites, and which are not taught at their own respective high schools. They must file the high school transient student application with the Office of Admission and present the written approval of the high school principal or guidance counselor certifying that the applicant meets the above requirements.

High school transient students may register for classes only after all matriculated students have registered. The dates for high school transient registration can be found in the particular session's Schedule of Classes posted on our website for each term.

Students interested in attending John Carroll University as high school students should use the attached admission form and have the bottom of this page completed by the appropriate school official.

To be filled out by high school principal or counselor:

_____ has my permission to take class(es)
as indicated at John Carroll University.

I certify that this student has a GPA of 3.2 or better and ranks in the top half of his/her class.

Signature of Principal/Guidance Counselor

Principal/Guidance Counselor e-mail address



OFFICE OF ADMISSION
1 JOHN CARROLL BOULEVARD
UNIVERSITY HEIGHTS, OHIO 44118-4581
PHONE 216.397.4294
TOLL FREE 888.335.6800
FAX 216.397.4981
WWW.JCU.EDU

Application for High School Transient Admission

This application should be used by all high school students seeking admission to John Carroll University.

Entry Year _____ Summer _____ Fall _____ Spring _____

Male _____ Female _____ US Citizen: Yes _____ No _____

Name _____
Last First Middle

Home Address _____
Street

_____ City Zip

E-mail address _____ Date of Birth ____/____/____

Home Phone _____ Cell Phone _____

High School _____

Year: _____ Junior _____ Senior

Are you attending John Carroll University for the first time? _____ Yes _____ No

If no, when did you last attend? _____

Class(es) which you would like to take at John Carroll:

Applicant Signature _____

Parent/Guardian Signature _____

These signatures indicates that all information on this application is correct and that all required pre-requisite courses have been fulfilled.



Please note: Full payment for tuition and fees must accompany admission form.