



Please Return To: Office of Admission  
 1 John Carroll Boulevard  
 University Heights, OH 44118-4581

## Application for Summer Coursework High School Students OR Incoming Admitted Freshmen

**Please note:** Full payment for tuition and fees must accompany this application form; please make checks payable to John Carroll University.

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ P.O. Box / Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_  
Home Phone Cell Phone Email

Attending JCU for the first time?  Yes  No If no, when did you last attend? \_\_\_\_\_

**PART I – ONLY FOR STUDENTS WHO ARE ADMITTED FRESHMEN AND WILL BE ENROLLING AT JCU THIS FALL**

Banner ID: \_\_\_\_\_

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

SUMMER SEMESTER		
Course #	Title	# of Credits

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II - ONLY FOR STUDENTS WHO WILL BE A SENIOR IN HIGH SCHOOL THIS FALL OR WILL BE ENROLLING AS A FRESHMAN THIS FALL AT A COLLEGE OTHER THAN JCU (includes the principal/guidance counselor signature below)**

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    **Gender:**  Male    Female    **US Citizen:**  Yes    No  
MM                  DD                  YYYY

**High School:** \_\_\_\_\_    **Year:**  Junior    Senior  
Name    City, State

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

SUMMER SEMESTER		
Course #	Title	# of Credits

**Applicant Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

These signatures indicate that all information on this application is correct and that all required prerequisite courses have been fulfilled.

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**To be filled out by high school principal or guidance counselor:**

This applicant has my permission to take the listed class(es) above at John Carroll University. I certify that:

- this student has completed his/her junior year of high school
- this student has a GPA of 3.2 or better
- this student ranks in the top half of his/her class
- this student has the appropriate prerequisites for the courses
- these courses are not taught at our high school

**Name of Principal/Guidance Counselor:** \_\_\_\_\_

**Signature of Principal/Guidance Counselor:** \_\_\_\_\_

**Contact Information for Principal/Guidance Counselor:**

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Phone

Email