



MISERICORDIA  
UNIVERSITY

YOUNG SCHOLARS PROGRAM

Application/Registration Form

Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ E-mail: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Zip: \_\_\_\_\_ Gender: Male\_\_\_ Female\_\_\_

SS# \_\_\_\_\_

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High School: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Is this your first time taking classes at Misericordia University? \_\_\_\_\_

What semester and year are you applying for: \_\_\_\_\_

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Please list your 1<sup>st</sup> and 2<sup>nd</sup> choice of classes you wish to take. Also include 2 alternative classes.

COURSE NAME	NUMBER	SECTION	DAY	TIME
1.				
2.				
ALTERNATIVES:				
1.				
2.				