

Application

Youth Options Program



SEND APPLICATION **WITH HIGH SCHOOL TRANSCRIPT** TO:

for NEW Youth Options applicants
Marquette University
ATTN: Leah Strong
Office of Undergraduate Admissions
P.O. Box 1881
Milwaukee, Wisconsin 53201-1881

for CONTINUING Youth Options applicants
Marquette University
ATTN: Stephanie Werkowski
Office of the Registrar
P.O. Box 1881
Milwaukee, Wisconsin 53201-1881

Admission to the Youth Options Program neither implies nor guarantees subsequent admission to Marquette University as a degree-seeking student. All courses you take through the Youth Options Program become part of your permanent academic record at Marquette University. For additional information regarding admission, contact Leah Huff, in the Office of Undergraduate Admissions, at (414) 288-7302. For academic advising, contact John Fenelon, in the College of Professional Studies, at (414) 288-3153.

AUTOBIOGRAPHICAL INFORMATION

Name

Last First M.I.

Nickname or preferred name If your records are listed under any other name, please indicate

Gender

Female Male

Social Security Number _____ - _____ - _____

Address

Number & Street

City State ZIP

Telephone

(____) _____ - _____

Date of Birth

____ / ____ / ____
Month Day Year

Place of Birth _____

Citizenship

U.S. Citizen Permanent Resident

Neither, please explain: _____

ENROLLMENT STATUS

Semester entering Marquette

Fall, _____
Year

Spring, _____
Year

Marquette course(s) in which you wish to enroll (space permitting)

Course Number*

Course Title*

Credit Hours*

*Please consult the *Undergraduate Bulletin* or the Timetable of Classes for the year and term for which you wish to enroll. Both resources are available at www.marquette.edu/bulletin and www.marquette.edu/window, respectively.

HIGH SCHOOL EDUCATION

High school from which you will graduate _____

High school ETS code _____

High school graduation date _____ / _____
Month Year

ALL STUDENTS MUST COMPLETE THIS SECTION

I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have not attended institutions other than those listed. I understand that I am responsible for arranging for the forwarding of official transcripts from schools I have attended, and that such transcripts become the property of Marquette University and will not be returned. I understand that any falsification of my records may be cause for the university to void either my admission or registration, or to take other appropriate action. I understand that some degrees, majors and/or courses may require me to submit to a criminal background check and/or drug testing. I further understand that the results of those checks and/or tests may affect my eligibility to continue in that degree, major and/or course. I hereby authorize the Office of the Registrar at Marquette University to provide a transcript of my academic record to the high school official named below upon completion of my course work or as otherwise might be required.

Signature _____ Date _____

TO BE COMPLETED BY HIGH SCHOOL OFFICIAL

Is this student prepared for and ready to profit from enrollment under the Youth Options Program at Marquette University in the course(s) indicated above? Yes No

Has this student been approved to take this/these Youth Options course(s)? Yes No

Name _____ Position _____ School Telephone _____

Signature _____ Date _____

Please provide the name and complete address of the high school official to whom Marquette University should send notification of enrollment, final grade(s) and the tuition billing statement, as mandated by the Youth Options Program.

Name _____ Position _____

Name of School _____ Street Address _____

City _____ State _____ ZIP _____