



YOUTH OPTIONS PROGRAM

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. For additional information about admission, contact Terrell Moore in the Office of Undergraduate Admissions at 414.288.7302.

PLEASE PRINT

Autobiographical information:

Name: _____
LAST JR., ETC. FIRST MIDDLE

NICKNAME OR PREFERRED NAME IF YOUR RECORDS ARE LISTED UNDER ANY OTHER NAME, PLEASE INDICATE

Email: _____

SSN: _____ Gender: Male Female

Address: _____
NUMBER AND STREET CITY STATE ZIP CODE

Telephone: _____ DOB: ____/____/____ Place of birth: _____
MONTH DATE YEAR

Citizenship: U.S. citizen Permanent resident

Neither: _____
PLEASE EXPLAIN



MARQUETTE
UNIVERSITY

BE THE DIFFERENCE.

Enrollment status:

Semester entering Marquette: Fall _____ Spring _____
Year Year

Have you previously enrolled in Youth Options at Marquette? Yes No

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

Course number *	Course title*	Preferred class section*	Credit hours*

*Please consult the *Undergraduate Bulletin*, at marquette.edu/bulletin. Youth Options students may enroll in a maximum of seven credits each term. The state of Wisconsin restricts the total number of Youth Options credits to 18 credits in total.

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 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. Youth Options students may enroll in a maximum of seven credits each term. The state of Wisconsin restricts the total number of Youth Options credits to 18 credits in total.

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 phone

Signature

Email

Date

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

Name

Position

School phone

Name of school

Street address

City

State

ZIP

Send application with high school transcript and upcoming course schedule with class times to:

For new Youth Options applicants:
Marquette University
ATTN: Terrell Moore
Office of Undergraduate Admissions
P.O. Box 1881
Milwaukee, WI 53201-1881

For continuing Youth Options applicants:
Marquette University
ATTN: Shirley Haig
Office of the Registrar
P.O. Box 1881
Milwaukee, WI 53201-1881

