

# Canisius College High School Senior Program Application Non-Matriculating Students

PLEASE PRINT

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
SEMESTER YOU ARE APPLYING FOR (MO/YR)

\_\_\_\_\_  
FIRST NAME  
\_\_\_male \_\_\_female

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
HIGH SCHOOL

Please indicate below what subject area you are interested in and why. If you are accepted, the Canisius College Director of Academic Advising will contact you to set up an appointment to select the appropriate course(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and times you are available to take course(s): \_\_\_\_\_

\_\_\_\_\_

**Parent Signature (required):** I give my approval for my son/daughter to enroll in a maximum of two college courses at Canisius College.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Guidance Counselor Signature (required):** This student is prepared for college level work and has exhausted all advanced course options in his/her chosen subject area at this high school.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please include an official high school transcript and a recommendation letter from a guidance counselor. Please return all materials by August 15 for fall semester, or by December 15 for spring semester to:

**Canisius College  
Office of Admissions  
2001 Main St.  
Buffalo, NY 14208**