

EXPLORE CANISIUS APPLICATION



All materials must be submitted at least two weeks prior to the start of classes.

Return all materials to: Canisius College | Office of Admissions: EXPLORE CANISIUS | 2001 Main Street | Buffalo, NY 14208

TODAY'S DATE

SEMESTER YOU ARE APPLYING FOR (FALL, SPRING, SUMMER/YEAR)

LAST NAME

FIRST NAME

MIDDLE INITIAL

MALE FEMALE

SOCIAL SECURITY NUMBER*

DATE OF BIRTH (MO/DAY/YEAR)*

GENDER*

PERMANENT HOME MAILING ADDRESS

CITY

STATE

ZIP

HOME PHONE NUMBER (AREA CODE + NUMBER)

CELL PHONE NUMBER (AREA CODE + NUMBER)

EMAIL ADDRESS

HIGH SCHOOL NAME

YEAR OF GRADUATION (MO/YEAR)

Current course listings can be found at canisius.edu/explore.

Please indicate the course(s) or subject area you are interested in:

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

In order for your application to be complete submit:

- THIS APPLICATION
- OFFICIAL HIGH SCHOOL TRANSCRIPTS
- LETTER OF RECOMMENDATION FROM TEACHER OR SCHOOL ADMINISTRATOR
- RESULTS FROM ANY STANDARDIZED TESTS (SAT/PSAT, ACT/PLAN)*
- ESSAY EXPLAINING WHY YOU WOULD LIKE TO ENROLL*

Academic Advisor (required): Please designate a teacher, school administrator, or guidance counselor to act as your advisor. The appointed person should be someone who is able to assist you throughout the course of the semester and make contact with your professor and other college administrators on your behalf should that be needed.

NAME OF ADVISOR

PHONE NUMBER/EMAIL OF ADVISOR

SIGNATURE OF ADVISOR

DATE

Parent Signature (required): I give my approval for my son/daughter to enroll in a maximum of two college courses per semester at Canisius College through the Explore Canisius program.

PARENT SIGNATURE

DATE

Student Signature (required): By submitting and signing this application I give Canisius College administrators and faculty members my approval to discuss matters pertaining to my success in the Explore Canisius program with my parents and/or designated academic advisor.

STUDENT SIGNATURE

DATE

*OPTIONAL