



REGISTRATION FORM

High School Scholars Program

Office of Student Information
800 Country Club Road, P.O. Box 2540
Waterbury, Connecticut 06723-2540

Office of Student Information: Phone: 203-596-4615

Fax: 203-596-4699

Admissions Office: 800-345-2562 203-596-4520

Financial Aid Office: 800-345-2562 203-596-4527

Web: www.post.edu

To apply as a high school student for Post University courses, please complete the following:

Social Security Number _____ - _____ - _____ Date of Birth (Mo/Day/Yr) _____ / _____ / _____ Male Female

Last Name _____ First _____ Middle _____

Street Address _____ P.O. Box _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ E-Mail Address _____

NOTE: If under 18, please list the name and contact information for one parent or guardian.

Parent/Guardian (First, Last, Middle) _____ Occupation _____

Current Address (Number & Street) _____ (City, State, Zip) _____ Telephone Number _____

Academic Background

Name of High School _____ Location (City, State, Zip) _____

Phone _____ Name of Guidance Counselor _____

Year of Graduation _____

Race and Ethnicity - Optional (Compiled at the request of the Department of Health, Education, and Welfare)

Choose one: American Indian or Alaskan Native Asian American or Pacific Islander

Black, Non-Hispanic Hispanic

White, Non-Hispanic I do not care to respond

Please list your courses in order of preference (1, 2, and 3 to indicate your first, second and third choices):

COURSE ID	TITLE	CREDITS	DAY(S)	TIME	INSTRUCTOR
1)					
2)					
3)					

Registration Agreement: I accept full responsibility for all courses selected. I know that any changes must be authorized by the Office of Student information. If withdrawal from a course becomes necessary, I will immediately notify the Office of Student Information. I agree to obey the letter and spirit of all University regulations while attending Post University. I agree that I am personally responsible for any unpaid balance, including all interest and collection costs. I agree to notify the Office of Student Information of address changes.

Student's signature _____ Date ____/____/____

Advisor's signature _____ Date ____/____/____