



Semester
Summer Fall Spring 20_____
(Circle a Semester - add year)

Name: _____
 Social Security Number: _____
 Date of Birth: _____
 Home Phone: _____
 Email Address: _____
 Mailing Address: _____

 High School: _____ Expected Year of Graduation: _____
 Emergency Contact Information: Name: _____ Relationship: _____
 Phone: _____ Cell: _____
 Country of Citizenship: _____ If not US Citizen, are you a permanent resident? **Y** or **N**
 Have you ever attended Siena College? **Y** **N** If yes, give dates: _____
 Have you ever applied for admission to Siena College? **Y** **N** If yes, give dates: _____
 Have you ever been convicted of a crime? **Y** **N** If yes, explain: _____

Course Selection		
Course #	CRN#	Title of Course

Tuition for each course is \$750.00. _____ Check enclosed, payable to Siena College in the amount of: \$ _____
Note: Siena Undergraduate Tuition Rates are subject to change without notice.

I certify that the information I have given is complete and true to the best of my knowledge and that I shall comply with all rules and regulations of the College which may be in effect or which shall become effective while I am a student, including those outlined in *Siena Life*. I understand that I must comply with New York State Immunization Health Regulations and Laws and that failure to comply with the law may result in disenrollment from the College without refund of tuition and fees. I understand that Siena College reserves the right to ask for further information regarding my current and former educational records and to revoke my registration for prior unsatisfactory academic performance or conduct determined to be unacceptable for continued registration at the College. I also understand that the College may exclude, at any time, students who do not meet minimum academic standards in their registered courses or who engage in conduct in violation of the Student Code of Conduct or other policies set forth in *Siena Life*. I agree that if I engage in any recreational or athletic activities, I assume the risk involved in any such activities, and I hereby agree that the College will have no liability therefore.

Student Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

The Siena College High School Scholars Program

Qualified and motivated high school juniors and seniors are welcome to register for any open introductory course (or a class for which they have completed the prerequisites) at Siena during any semester, as long as it fits their needs and schedule. A limited number of seats are available (*registration for High School Scholars opens when Siena student registration periods end*). Students receive a letter grade and full college credit for all completed courses.

RECOMMENDATIONS:

A letter of recommendation from a high school principal or guidance counselor (or parent if the student is home-schooled) must be submitted with the High School Scholars registration form.

TUITION RATES:

High School Scholars receive a greatly discounted tuition rate of just **\$750.00** per course (plus the cost of any needed textbooks, supplies, etc.), which applies to any 3 or 4-credit course. These rates only apply to students taking **less than 12 credits** each semester (summer, fall or spring). If a student registers for more than 11 credits, they are considered a full-time student and FULL-TIME TUITION RATES will apply. Please see the Siena College Catalog for full-time tuition rates and fees.

Payment is due at the time of registration. Please make checks payable to "Siena College."

For a listing of Summer Session classes, go to:

www.siena.edu/summer

Spring and Fall Semester classes can be found at:

www.siena.edu/academics/academic-services-resources/schedule-of-classes

Full course descriptions can be found in the Siena College Catalog at:

www.siena.edu/catalog

This information is used for College statistical reports only.

Female: _____ Male: _____ Non-Binary: _____

Non-Resident Alien: _____ *(Do not report any other Race or Ethnicity information below if you check this box)*

Hispanic: _____ (Hispanic Only - or Hispanic and any Race)

American Indian/Alaska Native: _____ (Not Hispanic)

Asian: _____ (Not Hispanic)

Black: _____ (Not Hispanic)

Native Hawaiian or other Pacific Islander: _____ (Not Hispanic)

White: _____ (Not Hispanic)

Two or More Races: _____ (Not Hispanic)

Unknown Race or Ethnicity: _____

HIGH SCHOOL STUDENTS (Check appropriate boxes)

_____ Taking College courses for College Credit (Exclude if only enrolled in AP Courses)

_____ Matriculated (Including early College student - full-time)

_____ Matriculated (Including early College student - part-time)

_____ Non-Matriculated College in High School full-time

_____ Non-Matriculated College in High School part-time

_____ Non-Matriculated on campus full-time

_____ Non-Matriculated on campus part-time

_____ Not Matriculated - Other full-time

_____ Not Matriculated - Other part-time

**Mail completed registration form
with recommendation and payment to:**

**Siena College
Office of Academic Affairs
Siena Hall 202
515 Loudon Road
Loudonville, NY 12211**

**www.siena.edu/academics
Phone: 518-783-2307**