



Semester (circle)
Summer **Fall** **Winter** **Spring** 20__

Name: _____

Social Security Number: _____ Siena SID Number: _____
(Returning Siena students must include. New students will be assigned an SID)

Date of Birth: _____

Home Phone: _____ Cell 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

How did you hear about the Siena College High School Scholars Program?

High School Guidance Counselor ___ Teacher ___ Friend ___ Siena website ___ Family ___
Radio ___ Other: _____

This information is used for College statistical reports only.

How would you describe yourself?

___ Hispanic or Latino
___ Not Hispanic or Latino (If checked, please select from list below.)
 ___ American Indian or Alaskan Native
 ___ Asian
 ___ Black or African American
 ___ Native Hawaiian or Other Pacific Islander
 ___ White

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

**Siena College
Office of Academic Affairs
Attention: Kathy Renaud
515 Loudon Road
Loudonville, NY 12211**

**www.siena.edu/academics
Phone: 518-783-2307/782-6889
Email: Renaud@siena.edu**