

High School Scholars Program Application Form

Division of Graduate and Continuing Education,

Phone: 508-929-8127

Fax: 508-929-8100



WORCESTER
STATE
UNIVERSITY

1. Student's Name _____ 2. Telephone _____ - _____ - _____

3. Student's Address _____

4. City/Town _____ State _____ Zip _____

5. High School _____

5A. State Assigned Student ID Number (**Required**) - 10 Digits
(Should be provided by your High School) or any public school you've attended.

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6. Parent/Guardian's Signature indicates awareness that the child will register for university level courses.

Parent/Guardian's Signature _____ Date _____

Guidance Counselor Section (*Please submit to Guidance Counselor*)

This section is to be filled out and signed by a Guidance Counselor

7. This student will be a ☐ Junior ☐ Senior in September 20_____ and has pursued a program of study that is consistent with preparation for university. Taking one or two university-level courses should be within student's academic ability.

Counselor's Signature _____ Date _____

*** Note to Counselor - Please be certain SASID section is noted above - Thank you.**

Signature is not an acknowledgement that the student, in fact, will achieve success in the course(s) for which student registers into.

Please return to:

Worcester State University
Division of Graduate and Continuing Education
486 Chandler Street
Administration Building, Fourth Floor
Worcester, MA 01602

Submittal of this form must be accompanied by a registration form and payment for each semester that a student elects to take classes. A PDF Registration Form is found at www.worcester.edu/register.