

STEP 1: CREATE PRE-COLLEGE ACCOUNT

- Visit <http://enrollment.rochester.edu/precollege/account/> to create your Pre-College Account
- Once at the Pre-College Profile login page, click on the blue link that says **“create one”**
- The next page will prompt you for information to create your Pre-College Account

STEP 2: PARENT/GUARDIAN INFORMATION

➤ BASIC INFORMATION

- The first section on the page will create the Parent/Guardian Account
 - * *We encourage all students to have their parent/guardian present when creating their Pre-College Account*
- Parent/Guardian information will include:
 - Parent/Guardian First Name
 - Parent/Guardian Last Name
 - Main Phone Number
 - Work Phone Number
 - Email Address
 - Mailing Address (Address, City, State, and Zip Code)

➤ LOGIN INFORMATION:

- In the second section you will create your login User ID and Password
 - For easy remembering, we recommend using your Rush Henrietta username and password
 - Save this information so you can log into your account in the future
- In the field asking **“how did you hear about us?”** please put **“Rush Henrietta”**

➤ COMMUNITY DISCOUNTS

- Please select **“No, I do not qualify”** from the drop down menu for this section
 - * *The Rush Henrietta Tuition Waiver will apply for Rush Henrietta students*

➤ FINANCIAL ASSISTANCE

- Please select **“No, will not apply”**
 - * *The Rush Henrietta Tuition Waiver will automatically apply for Rush Henrietta students*

➤ \$50 APPLICATION FEE WAIVER

- Rush Henrietta students, please use **URRH** for your fee waiver code
- Click the blue button that says **“Create Account”** at the bottom of the page

STEP 3: STUDENT INFORMATION

- Click on the blue link that says “+ **Add Student**” to create the student account and begin the Pre-College Programs application process

➤ STUDENT INFORMATION

- Student information will include:
 - First Name
 - Last Name
 - Cell Phone Number
 - Email Address
 - Gender (Drop Down Menu)
 - Birthdate (mm/dd/yyyy)
 - Graduation Year (Drop Down Menu)
 - Relationship to Parent/Guardian
 - Skype ID (If Applicable)
 - Previous Pre-College Students (Location, Course, and Year Attended)
** For students who have previously attended a Pre-College Program at the University of Rochester*
 - International Students
 - Select “**No, I am not an international student**” from the drop down menu.

➤ MUSIC EXPERIENCE

** Only for students applying for Rochester Scholars music classes*

- Provide a summary of instrument (or voice) of study, school studied at, years you have been studying, teachers, etc.

➤ PERSONAL STATEMENT

- **All applicants must provide a Personal Statement** of approximately 300 words
 - The essay prompt is: *The University’s motto, Meliora (“ever-better”), reflects our focus on continual improvement through research, understanding, and collaboration. Describe how Rochester’s Pre-College Programs will help make you “ever-better”, and include the reasons why you chose the selected programs and classes.*
 - You may type your Personal Statement ahead of time and copy/paste it in the field of the application or email it directly to precollege@rochester.edu

** PLEASE NOTE - A Personal Statement is required for FIRST-TIME Taste of College applicants only; for Rochester Scholar applicants, a NEW Personal Statement is required each calendar year*

➤ LETTER OF RECOMMENDATION

- **All applicants must obtain a Letter of Recommendation** from a School Official (Teacher, Counselor, etc.) or Community Leader (Church, Local Organization, etc.)
 - Please note, recommender should NOT be related to the applicant
 - Recommender should email Letter of Recommendation directly to U of R – precollege@rochester.edu

** PLEASE NOTE - A Letter of Recommendation is required for FIRST-TIME Taste of College applicants only; for Rochester Scholar applicants, a NEW Letter of Recommendation is required each calendar year*

➤ OTHER INFORMATION

- Provide your current school name
- Student must have an Emergency Contact on file
 - Please provide an Emergency Contact Name and Phone Number
 - Please provide an alternate Emergency Contact for in the event we are unable to reach the parent/guardian
- Provide any special needs (allergies, health concerns, or circumstances we should know about as it pertains to the Pre-College Programs)
- Click the blue button that says “**Add Student**” on the bottom of the page

STEP 4: BEGIN APPLICATION

- Click on the student's name (blue link)
- A box titled **"Begin Application"** will appear
- There is a section that will explain all of the documents that are required to complete the application:
 - Personal Essay (submitted by applicant)
 - Letter of Recommendation (submitted directly by recommender)

** These documents are required for FIRST-TIME Taste of College applicants only; for Rochester Scholar applicants, a NEW Personal Essay and Letter of Recommendation is required each calendar year*

- Permissions Form
- High School Transcript
- Payment Agreement (ONLY for Taste of College Students)

** These documents should be included in the PDF file the Rush Henrietta Counseling Office has e-mailed to you*

➤ APPLICATION – PART I

- Choose one of the applicable Pre-College program from the drop down menu
 - Roch Scholars A
 - Roch Scholars B
 - Taste of College

➤ APPLICATION – PART II

- Select **"No"** for the residential component
 - Select the courses that you and your counselor have agreed upon from the drop down menu
- * The courses you have chosen should be listed in the PDF file your counselor has emailed to you*

For **Taste of College** applicants, please list the following in the designated field:

- Course Reference Number
- Subject Area
- Course Number
- Credit Hours
- Course Title

For **Rochester Scholars** applicants, please select one of the following:

- AM Course / Session (1st Choice) – ONLY for Rochester Scholars
- AM Course / Session (2nd Choice) – ONLY for Rochester Scholars
- PM Course / Session (1st Choice) – ONLY for Rochester Scholars
- PM Course / Session (2nd Choice) – ONLY for Rochester Scholars

- Click on the blue button that says **"Submit Application"** at the bottom of the page

STEP 5: REQUIRED ITEMS

- Click on the tab that says **"Required Items"** underneath the student's name
- You will see a list of all the required documents to complete your application. **"Application Fee (nonrefundable \$50)"** should have a green checkmark next to it
- Under the list of Required Items, you will see a place to Upload Documents
- From the drop down menu, select **"RH Application Packet"**
- Click on the grey **"Choose File"** button and select the PDF file provided by the Rush Henrietta Counseling Office
- Click on the green button that says **"Upload"**

ADDITIONAL THINGS TO NOTE...

- You may log in to your Pre-College Account at any time to check on the status of your required documents
- It may take a day or two before you see all of the Required Items checked off in your Pre-College Account
- Your Status will say ***"Incomplete"*** until your required documents and application is reviewed

If you have any general questions or cannot upload your PDF file, please email precollege@rochester.edu or call us at (585) 275-3221 (or toll free 888-822-2256).

For any questions relating to the **Taste of College** program, please contact **Marla Britton** at marla.britton@admissions.rochester.edu

For any questions relating to the **Rochester Scholars** program, please contact **Ursula Balent** at ubal@UR.rochester.edu



Pre-College Programs • Rush Henrietta Registration Form

Today's Date: _____

*Please note ALL applications must be reviewed and signed off by a Rush Henrietta Counselor, then submitted online 30 days prior to start date in order to be considered

Grade: _____ Year of High School Graduation: _____

Name: _____
Last First

TASTE OF COLLEGE - COURSE INFORMATION

**Please read the course descriptions carefully and note any prerequisites or restrictions for the course(s) you are considering*

Semester: _____ Fall _____ Spring _____ Summer

COURSE 1:

Course Title _____

Course Number _____ (_____)

Start Date: _____ End Date: _____

COURSE 2:

Course Title _____

Course Number _____ (_____)

Start Date: _____ End Date: _____

- Student is eligible to take 2 courses and desires to enroll in BOTH Course 1 and Course 2 selections
 Course 2 is student's alternate choice if unable to be enrolled into Course 1 selection

GRADE REPORT REQUEST

** For Taste of College applicants only*

I give U of R permission to mail a copy of my grade report to the Rush-Henrietta Sr. High School Counseling Center,
Attention: Carolyn Simonelli

Student Signature Date

Parent Signature (If student is under 18) Date

ROCHESTER SCHOLARS – SUMMER SESSION INFORMATION

** Non-credit bearing, may choose up to 2 per Session (AM & PM)*

Session A: _____ AM

Session B: _____ AM

Course Title _____

Course Title _____

Session A: _____ PM

Session B: _____ PM

Course Title _____

Course Title _____



Please include the following information:

- Taste of College Student Application
- Letter of recommendation from a teacher or counselor at your school.
- Current transcript or report card
- Personal essay statement (approximately 300 words) on one of the following topics:
 - A. Discuss an activity, interest, or organization you've actively participated in, your reasons for becoming involved, and your related accomplishments. What have you learned from this experience?
 - B. Describe a situation where you had to act independently and how you dealt with the situation.
 - C. Discuss an issue of personal or local concern. Why is this an issue, and what would you do to change the situation?

First Name (please print)	M.I.	Last Name
Date of Birth	Female / Male	
Mailing Street Address	Apartment Number	
City	State	Zip/Postal Code
Parent/Guardian Name	Home Phone	
Parent Email	Student Email	
School	Year of High School Graduation	

Course Selections

For a list of available courses, visit www.rochester.edu/registrar. Please read the course descriptions carefully and note any prerequisites or restrictions for the course(s) you are considering. If you have any questions or would like help selecting a course, please call our office at (585) 275-3221.

First Choice: Course Title _____ CRN _____ Semester _____

Second Choice: Course Title _____ CRN _____ Semester _____

Payment Agreement

I certify that I am financially responsible to the University of Rochester for all charges incurred during the current semester. I further certify and understand that, should my student account not be kept current, the University of Rochester has the right to access collection costs and late payment fees and to place a hold on my account that prevents further registration and printing of transcripts.

Student Signature _____ Date _____

Students under the age of 18 must have a parent or guardian sign the following (please print):

I, _____, parent/guardian of _____, agree to be responsible for payment pursuant to the terms of this payment agreement.

Parent/Guardian Signature _____ Date _____

* All applications are due in their entirety 30 days prior to the first day of class.



Pre-College Taste of College Payment Agreement

Student Information

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: _____ Student Cell Number: _____

Student Email: _____

Student Address: _____

City: _____ State: _____ Zip: _____

High School Name: _____

Year of High School Graduation: _____

Payment Agreement

I certify that I am financially responsible to the University of Rochester for all charges incurred during the current semester. I further certify and understand that, should my student account not be kept current, the University of Rochester has the right to access collection costs and late payment fees and to place a hold on my account that prevents further registration and distribution of transcripts.

By signing below, you certify that your electronic or physical signature was given freely and that you have read and understand the information outlined above.

Student Signature: _____

Student Name: _____ Date: _____

Students under the age of 18 must have a parent or guardian sign the following (please print):

I agree to be responsible for payment pursuant to the terms of this payment agreement.

Parent Signature: _____

Parent Name: _____ Date: _____

Parent Email: _____

Parent Cell Number: _____

Please reference the Taste of College Fact Sheet or enrollment.rochester.edu/precollege for program specifics and further information.

Please upload or print and fax/mail completed forms to:

University of Rochester | Office of Pre-College Programs | PO Box 270034 | Rochester, New York, 14627-0034
Fax: 585-756-8480 | Phone: 585-275-3221 or toll free 888-822-2256 | Web: enrollment.rochester.edu/precollege



Pre-College Programs Permissions Form

In consideration for allowing: _____
(STUDENT NAME)

Program or class student is applying for: _____

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY BEFORE SIGNING.

In consideration for allowing the above-named student ("Student") to participate in the University of Rochester ("University") Pre-College Programs (defined as: Rochester Scholars, Eastman/River Campus Summer Connection, Art of a Short Film, English Language Program, Hajim Engineering Pre-College Program, Mini Medical School, Taste of College, Malawi, Samoa, and the Chesapeake Bay Summer Immersion Programs, each of the foregoing a "Program"), I, as Student's parent/guardian, understand and agree that:

Permission: Student has my permission to attend all parts of the Program.

Risk Acknowledgment: Participating in the Program involves a risk of injury or harm. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the program. These programs involve residing in campus housing, eating at dining facilities, using athletic facilities, receiving classroom and/or laboratory instruction, and going on field trips, and so carry the usual risks of such activities including, but not limited to, physical injury and/or illness from falls, insect or animal bites, athletic contact, transportation accidents, food contamination and chemical exposure. Immersion Programs may include hiking, homestays, sailing and swimming.

Health Status; Insurance: Student is physically fit and in a condition that will allow him or her to participate fully and safely in the Program. Student has medical insurance that covers him or her for accidents and illnesses while participating in the Program. I understand the University has not made, nor will make, any investigation into Student's physical fitness or ability to participate in the Program and the University relies on my statement of Student's physical condition. I assume full responsibility for payment of medical expenses not covered by insurance incurred as a result of Student's participation in the Program.

Emergency Treatment: I grant the University permission to authorize emergency medical treatment as staff may deem appropriate, and agree that such action by the University shall be subject to the terms of the liability release below. I understand and agree that the University assumes no responsibility for any injury or damage that might result from such emergency medical treatment.

Field Trip Release: I understand that participation in the Program may include field trips and other activities away from the campus site. Those have been described in the Program materials made available to me. I give permission for my student to attend these functions and to be transported by program-approved transportation, unless I give written withdrawal of permission from a specific event.

Emotional Adjustment: Occasionally, students deal with emotionally challenging issues. Pre-College Program staff members are trained to assist students in adjusting to a new environment, a rigorous class schedule, and the challenge of being away from home for a substantial amount of time. The Pre-College Programs at the University of Rochester do not have the facilities or staff to assist students experiencing serious emotional distress, and any student who exhibits behavior that poses a threat to the health or safety him or herself or others, may be required to leave the Program immediately.

Liability Release: I hereby release and indemnify the University, its employees, officers, Trustees, and volunteers ("Releasees") from any and all liabilities, losses, claims, demands, costs, and expenses of any nature whatsoever arising out of any loss, personal injury (including death), or property damage, that I or Student may sustain, arising from Student's participation in the Program unless due directly to the gross negligence or willful misconduct of the Releasees. It is my express intent that this Agreement shall bind the members of my and Student's family, estate, heirs, administrators, assigns, or personal representatives. I understand that Student's participation in the Program is entirely voluntary, and I sign this document freely and voluntarily, having read and understood it.

By signing below, you certify that your electronic or physical signature was given freely and that you have read and understand the information outlined above.

Student Signature: _____

Student Name: _____ Date: _____

Parent Signature: _____

Parent Name: _____ Date: _____

Please upload or print and fax/mail completed forms to:

University of Rochester | Office of Pre-College Programs | PO Box 270034 | Rochester, New York, 14627-0034
Fax: 585-756-8480 | Phone: 585-275-3221 or toll free 888-822-2256 | Web: enrollment.rochester.edu/precollege

Parent/Guardian Name

Parent/Guardian Signature

Date

Please print and fax/mail completed form to:

University of Rochester

Office of Pre-College Programs

Box 270034

Rochester, New York 14627-0034

Fax: (585) 756-8480

Phone: (585) 275-3221 or (toll free) (888) 822-2256



Letter of Recommendation Form

Note: Only one recommendation is needed per calendar year, even if the student is attending more than one session. The recommendation should be provided by a school official, such as a teacher, guidance counselor, or principal, and should remain confidential. The recommendation can be mailed separately from other application pieces.

To the Recommender

The Pre-College Programs are designed for bright, talented, and capable students who are sincerely interested in the courses being offered. Your letter should address how long you have known the student and in what context, his or her academic abilities, level of maturity, and other characteristics that demonstrate he or she is a good candidate for the program.

Please fill out this form, attach it to your letter of recommendation, and return it to the student in a sealed, signed envelope. If you prefer, you may mail, fax, or email your recommendation to:

University of Rochester
Office of Pre-College Programs
Box 270034
Rochester, New York 14627-0034
Phone: (585) 275-3221
Fax: (585) 756-8480
Email: precollege@rochester.edu

Student Name

Course Selection

Recommender Name

Employer

Title

Address

Email

YES

I would like to receive more information about future Pre-College Programs at the University of Rochester.

**THE RUSH-HENRIETTA SENIOR HIGH SCHOOL
COLLEGE PROGRAM TUITION WAIVER FORM**

******* This form must be completed for EACH INDIVIDUAL COURSE for which you are applying *******

Interested Rush-Henrietta Senior High School students who have completed their sophomore year and who have demonstrated the ability and determination necessary to succeed in a college course **may take up to two undergraduate classes per semester/session and only one during the first experience** at the University of Rochester's College of Arts and Sciences and Rochester Institute of Technology - these include day classes, night classes, online courses and special U of R "Rochester Scholars" mini-courses offered during the summer. **Acceptance to the college program is not guaranteed. If accepted, enrollment in all classes is on a "space-available" basis.**

STUDENT MUST:

1. Be a Rush-Henrietta resident (includes a resident attending a private school or being home-schooled).
2. Have **completed** Grade 10 and earned 10 high school credits.
3. Have earned a cumulative average and be passing all courses with at least 80%.
4. Show evidence of interest, commitment and maturity.
5. Provide transportation and fees for books and equipment.
6. Take no more than two college courses during each semester/session (**Only one during the first experience**).
7. If applicable, have successfully completed previous college coursework. **One having received a grade of F or W will be ineligible to register for other college courses during the following semester.**
8. If graduating, **start date** of a summer class **must be BEFORE the date of R-H's graduation**; If a rising junior, **start date** of a summer class **must be AFTER the date of R-H's graduation**.

STUDENT ELIGIBILITY:

(To be completed by the school counselor)

_____ Year of High School graduation
 _____ Number of completed credits to date
 _____ Cumulative transcript average
 _____ Last report card average

Y / N First college course?
(circle one)

Y / TBD If N, passed course(s) last semester?
(circle one)

NA / Y If applicable, meets course Pre-requisites?
(circle one)

I have reviewed this application and support this student's desire to enroll in a college course.

* If student may be a candidate for HEOP or EOP, taking a credit bearing course may make them ineligible.

_____ **Counselor's Signature**

_____ **Date**

_____ **Phone Number**

REGISTRATION INFORMATION:

Student Name: _____ **Rush-Henrietta Student ID#:** _____

Mailing Address: _____

Phone #: _____ **Gender:** M or F **Grade:** _____

I give permission for a copy of my grade from the above college to be sent directly to the Rush-Henrietta Counseling Center at the address below. Additionally, I understand that the Rush-Henrietta Senior High School reports all course work on my transcript including failed and dropped classes.

_____ **Student Signature**

_____ **Date**

_____ **Parent / Guardian Signature**
(If student is under age 18)

_____ **Date**

COURSE INFORMATION:

RIT: _____ FALL SEMESTER _____ SPRING SEMESTER _____ SUMMER TERM

U OF R: _____ FALL SEMESTER _____ SPRING SEMESTER _____ SUMMER TERM

U OF R - ROCHESTER SCHOLARS SUMMER SESSIONS: _____ SESSION A _____ SESSION B _____ AM _____ PM

Start Date _____ **End Date** _____

Complete Course Title: _____ **Class #** _____

Time of class: _____ **Days Scheduled:** M T W T F S (Circle all that applies) **ON-LINE:** Yes _____ No _____

* PLEASE NOTE - IF THIS FORM IS NOT COMPLETED AND ON FILE WITH THE COUNSELING CENTER, YOU ARE SUBJECT TO BEING BILLED BY THE COLLEGE