## 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 ELIGIBILITY:

(To be completed by the school counselor)

<b>2.</b> Have <b>completed</b> Grade 10 and earned 10 high school credits.			Year of High School graduation	
<ol> <li>Have earned a cumulative average and be passing all courses with at least 80%.</li> <li>Show evidence of interest, commitment and maturity.</li> <li>Provide transportation and fees for books and equipment.</li> </ol>		h at	Number of completed credits to dateCumulative transcript average	
	ollege courses during each semester/sess	sion	Last report card average	
(Only <u>one</u> during the fir				
7. If applicable, have successfully completed previous college coursework. One having received a grade of F or W will be			$\frac{Y/N}{\text{(circle one)}}$ First college course?	
		wing		
ineligible to register for other college courses during the following semester.		wing	$\frac{Y/N}{\text{(circle one)}}$ If N, passed course(s) last semester?	
8. If graduating, must begin the summer class before the date of			NA / Y / N If applicable, meets course pre-requisites?	
graduation.			(circle one)	
Counselor's Signature		Date	Phone Number	
REGISTRATION INFOR	MATION:			
Student Name:		R	ush-Henrietta Student ID#:	
Mailing Address:				
Phone #:	_ Gender: M or F	rade:		
			-Henrietta Counseling Center at the address below. on my transcript including failed and dropped classes.	
Student Signature	Date P	arent / Gu	ardian Signature Date	
* * * * * * * * * * * * * * * *			*******	
COURSE INFORMATIO	N:			
RIT: FALL SEMESTER	SPRING SEMESTER		SUMMER TERM	
OF R: FALL SEMESTERSPRING SEMESTER SUMMER TERM			SUMMER TERM	
U OF R - ROCHESTER SCHO	LARS SUMMER SESSIONS:	SESSION A	SESSION B AM PM	
Start Date	Ending Date			
Complete Course Title:	omplete Course Title:		COURSE#	
Time of class:	Days Scheduled: M T W	T F S (Circ	cle all that applies) ON-LINE: Yes No	
* PLEASE NOTE - IF THIS FORM IS	NOT COMPLETED AND ON FILE WITH THE COU	UNSELING CEN	TER, YOU ARE SUBJECT TO BEING BILLED BY THE COLLEGE	

STUDENT MUST:

or being home-schooled).

1. Be a Rush-Henrietta resident (includes a resident attending a private