



HIGH SCHOOL STUDENT APPLICATION

One Willard Avenue
Houghton, NY 14744
800.777.2556
admission@houghton.edu

Name _____
Last First Middle

Present Address _____
Street Address City State Zip Code

Birth Date _____ Social Security No. _____ Phone _____

Gender: Male Female E-mail Address _____ Church Affiliation _____

Country of Citizenship _____ Ethnicity (optional) Hispanic/Latino American Indian or Alaska Native

Asian Black or African American Native Hawaiian or other Pacific Islander White Two or more races

High School _____ Graduation Year _____

Houghton College / Academy Faculty / Staff Information (Please complete this information *only* if one or both of your parents is employed by Houghton College or Houghton Academy.)

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Courses you wish to enroll in at Houghton (See college catalog and/or web site for course information)

Number	Name	Hours	Semester/Session
_____	_____	_____	_____
_____	_____	_____	_____

Guidance counselor Authorization (Parent signature is required *only for homeschooled students*.)

I hereby approve and recommend this student to take the course(s) listed above.

Signature _____ Date _____ Phone Number _____

Policy for high school students taking college courses:

Enrollment is limited to two classes (six to seven credit hours total) at the 100- or 200-level per semester

Students must be juniors or seniors in high school.

Course registration for high school students occurs after August 1 (for fall semester courses) and December 15 (for spring semester courses)

If admitted, I agree to abide by the Community Covenant and other policies of Houghton College while attending.

Signature _____ Date _____