

Salem College Summer School Application
Summer 20____

Name: _____ **Date:** _____ **Phone:** _____

Address: _____ **Email:** _____
 _____ **Social Security No.** _____

*** For Currently Registered Salem College Students:**

Advisor Signature: _____ **Date:** _____ **Salem ID:** _____

*** For Students Currently Registered at another College or University:** This student is in good standing at the below-mentioned institution and is hereby granted permission to take the listed courses at Salem College. The student must request an official transcript be sent to the home institution at the end of the term.

Signature of Dean/Advisor: _____ **Date:** _____ **Name of Home Institution:** _____

*** For Currently Enrolled High School Students:** This high school student is a rising junior or senior at the below-mentioned high school and has at least a B+ average and is recommended to undertake college-level work. The granting of secondary school credit for the course is not the responsibility of Salem College and the student must request an official transcript to be sent to necessary parties at the end of the term.

Signature of Principal/Counselor: _____ **Date:** _____ **Name of High School:** _____

*** For Students in None of the Previous Categories:** Please state your purpose for applying to Salem College summer school.

Course Preference (in order of priority) (maximum of four):

Course No:	Section:	Session (1st 5-weeks, 2nd 5-weeks, full 10-weeks):

Please Note: Admission to Summer School does not guarantee admission to the regular degree program at Salem College. Please see Salem College website (www.salem.edu/summerschool) for pricing, dates and course listings. Once form is completed, please mail with complete payment to: Salem College Summer School, Registrar's Office, 601 S. Church Street, Winston-Salem, NC 27101.