



**KING'S  
COLLEGE**  
TRANSFORMATION. COMMUNITY. HOLY CROSS.

Young Scholar Program  
Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone number: \_\_\_\_\_

State: \_\_\_\_\_ Email: \_\_\_\_\_

Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Check the Semester and enter the year for which you wish to take classes:

\_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year

Please list the courses you wish to take this semester as well as alternate courses. In the event that we cannot register you for your first choice, we will try to register you for your alternate choices. Thank you.

Section	Title	Credits	Days
1. _____	_____	_____	_____

2 _____	_____	_____	_____
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Alternate Courses

Section	Title	Credits	Days
1. _____	_____	_____	_____

2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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_____	_____	_____	_____
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