Summit Campus Returning Student Application

**Returning students have priority admission status.**

**A $2500 deposit is required by April 15th 2023 to secure your**

**place.**

**Section 1: Student Information**



First Name: Last Name: Middle Name: Nickname:

Permanent Address:



Home Telephone: ( ) Cell Phone: ( )

Date of Birth: / / Email:

Identified Gender: Preferred Pronouns:

College/major:

**Section 2: Family Information**

|  |  |  |
| --- | --- | --- |
| Parent 1/Guardian |  | Parent 2/ Guardian |
|  | Street Address |  |
|  | City, State, Zip |  |
|  | Home Phone |  |
|  | Cell Phone |  |
|  | Email |  |

If Parents are divorced, who has legal custody of the student? With whom does the student live? Who has financial responsibility for Campus tuition?

**Section 3: Student Preferences**

Returning students may choose to stay in their current rooms. Please circle the following as they apply.

Summer 1 Summer 2 Fall 2023 Spring 2024

Do you have any special dietary restrictions, needs or allergies? ☐ YES ☐ NO

If yes, please briefly explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Student Statements**

1. I am interested in returning to the Summit Campus because:

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3. I recognize my academic challenges are:

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4. I recognize my academic strengths are:

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6. Something that you have learned about yourself during your first year at Summit Campus?

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**Section 5: Authorization**

Your signature acknowledges that all the above information is correct to the best of your knowledge.

Signature of Applicant: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send your completed application and $2500 deposit by April 15th, 2023, to:**

Nikki Koppel Summit Campus

59 William Street

Worcester, Massachusetts 01609