

EARLY ADMIT PROGRAM ENROLLMENT FORM

HOLY NAMES UNIVERSITY | 3500 MOUNTAIN BLVD | OAKLAND, CA 94619 | 800.430.1321 | WWW.HNU.EDU

NAME _____
Last First Middle

CONTACT INFORMATION

Please print your permanent address as you would on an envelope for mailing:

Home phone number (_____) _____
area code number

Cell phone number (_____) _____
area code number

Email address _____

FAMILY INFORMATION

Have either one of your parents completed a Bachelor's degree?
 Yes No

Have any of your siblings attended a college or university?
 Yes No If Yes, where? _____

Guardian Name: _____

Guardian Address: _____

ACADEMIC INFORMATION

Self reported Pre-High School GPA _____

Please list your current High School **and** all of the middle schools you have attended.

Name of School	City	Dates Attended Mo/Yr to Mo/Yr

ENTRY TERM

Semester: Fall 2015

Ethnicity

Are you Hispanic or Latino? Yes No

If no please indicate which best describes you:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races
- Decline to state

How did you hear about the program?

- High School Visit
- Information Session
- Orientation
- Registration Day

Other _____

Activities and Interests

Activities I participate in: _____

Subjects that I enjoy in school: _____

Subjects that are more challenging to me: _____

After school programs and activities in which I participate in (Programs like BUILD, College Track, Upward Bound, etc.):

OTHER PERTINENT INFORMATION

Are any of your family members Holy Names University Alumni? Yes No

If so, please list name(s), relationship to you and years attended Holy Names University.
