

## **Visiting Scholars Program**

<b>Internal Use Only</b>
Student ID#:
Academic Year:

## **Student Application**

Name:			SSN:	
Address:			D.O.B:	
City:	State:		Zip code:	
Phone #:	Email:			
Name of high scho	ol:			
	Cumulative GPA:			
Standardized test	scores:			
Advanced Placeme	nt courses completed:			
Special academic w	vork in high school:			
Extracurricular act	ivities:			
Honors/awards red	ceived:			

## **Drexel Course Selection**

Interested in tak	ing courses beginning:			
Fall	Winter	Spring Summer 20		
•	articular course depen	: <a href="http://coreapp1.drexel.edu/webtms">http://coreapp1.drexel.edu/webtms</a> .  Ids upon available space and the student's eligibility		
First Choice:				
College:		Department		
Title of Class:		(e.g., English):		
Course #:	CRN#:	Instructor:		
Second Choice:_				
College:		Department		
Title of Class:		(e.g., English):		
Course #:	CRN#:	Instructor:		

There are two deadlines for applications:

- 1. **February 15**th: Current high school seniors are *NOT* eligible to apply at this time.
- 2. **August 1**st: Rising sophomores, juniors, and seniors are eligible to apply at this time.

PLEASE ATTACH OR HAVE FORWARDED TO US YOUR TRANSCRIPT, EXAM SCORES, AND TWO (2) LETTERS OF RECOMMENDATION: ONE (1) FROM A TEACHER AND ONE (1) FROM A COUNSELOR AT YOUR SCHOOL.

## Please submit your application to:

The Visiting Scholars Program
Pennoni Honors College, Drexel University
3141 Chestnut Street
Suite 3019, MacAlister Hall
Philadelphia PA 19104
Telephone: 215/895.1609

Fax: 215/895.6813