



Taste of College Student Application

Fall 2007 Spring 2008

How to Apply:

1. For a list of recommended courses, call The Office of Special Programs or visit www.rochester.edu/osp and click on Taste of College. Please read the course descriptions carefully and note any prerequisites or restrictions for the course(s) you are considering. If you have any questions or would like help selecting a course, please call 275-2344.

2. Fill out this form completely, and have your parent/guardian and your guidance counselor sign it.

3. Attach your personal essay statement, a letter of recommendation from a counselor or teacher, and transcripts.

4. Return the following by 8/24/07 for Fall or 1/4/08 for Spring:

- application
- personal essay statement
- transcripts
- letter of recommendation
- 2006 tax forms (if applicable)

to:

Office of Special Programs
University of Rochester
Lattimore Hall 127
Rochester, NY 14627

Students will be contacted by a Taste of College representative for a personal interview.

Please note, all applications are due in their entirety by 8/24/07 for Fall and 1/4/08 for Spring. Any applications postmarked after the application deadline will be considered for the following Taste of College semester.

Please print or type.

Female Male

First _____ M.I. ____ Last _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Parent/Guardian Name _____

School _____ Year of High School Graduation _____

Guidance Counselor: _____ Grade Point Average _____ Class Rank _____

Are you applying for financial aid? Yes No

If yes, please complete the financial aid request on the back.

Courses you are interested in taking:

First choice _____ Second Choice: _____

Personal Essay Statement

On a separate sheet of paper, please write a brief one-page essay explaining why you want to participate in the Taste of College program. You must submit this essay with your completed application to be considered for the program.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Guidance Counselor Signature _____ Date _____

Payment Agreement

I certify that I am financially responsible to the University of Rochester for all charges incurred, other than tuition, during 2007-2008. I further certify and understand that should my student account not be kept current the University has the right to access collection costs, late payment fees, and place a hold on my account that prevents further registration and printing of transcripts.

Student signature _____ Date _____

Students under the age of 18 years must have their parent/guardian sign the following:

I, _____ (please print), the parent/guardian of _____ agree to be responsible for payment pursuant to the terms of this payment agreement. My Social Security Number is _____.

Parent/guardian signature _____ Date _____



