



SHUID#: _____
OFFICE USE ONLY

College in High School

Seton Hill University and your high school are working together to offer eligible students the opportunity to earn college credits through the College in High School (CHS) Program. Register for one or more of the approved courses and upon successful completion of each course, you will receive college credit from Seton Hill University. This completed registration form and payment are to be submitted to your high school.

PLEASE CHECK ONE:

- _____ I am a new student in the College In High School Program
- _____ I have participated in the Seton Hill College in High Program in previous years

Course Number	Title	Instructor	Credits	Fall, Spring or Yearlong

Student's Full Legal Name: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Social Security No: _____

This is not required but will be needed for federal education tax benefits and financial aid purposes.

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: _____ Grade Level: _____

Student Email: _____

Parent Email: _____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

I am participating in the College in High School program through _____ High School.

The following questions are necessary so Seton Hill can respond to U.S. Department of Education reporting requirements.

Are you Hispanic or Latino? Yes No

Please choose one or more of the following groups in which you consider yourself a member:

- Non-resident alien (not U.S. citizen)
- I am a citizen of _____
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Asian
- Race or ethnicity unknown/Do not wish to respond.

PAYMENT INFORMATION - \$225 per course

- I have enclosed a \$ _____ check or money order made payable to Seton Hill University.
- Please charge my \$ _____ payment to the credit card noted on page 2 of this form.

Seton Hill University College in High School Office • Box 307K • 1 Seton Hill Drive, Greensburg, PA. 15601
(724) 552-4395 • krother@setonhill.edu

**TUITION IS NOT REFUNDABLE IF THE STUDENT WITHDRAWS FROM A COURSE.
YEARLONG COURSES ARE RECORDED FOR THE SPRING SEMESTER.**



SHUID#: _____
Amount: _____
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Student's full legal name: _____

CREDIT CARD INFORMATION (Please Print)

Card Type: MasterCard Visa Discover American Express Diner's Club JCB

Name as it appears on the card: _____

Card Number: _____ Expiration Date: _____ CVV (Security Code): _____

Cardholder's Statement Address: _____

Cardholder's Signature: _____ Date _____

Please do not copy, scan, fax or email this form to Seton Hill University. US Mail or hand delivery in a sealed envelope is acceptable. This form is shredded once processed.

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