

Gateways Summer Orientation *for the Class of 2012*

Please complete this form and return it with a check made payable to College of the Holy Cross by June 2, 2008

Student Name: _____ Gender: _____

Address: _____

Phone Number: _____

Major (if declared): _____

I would like to register for Gateways:

____ Session 1 (June 12 & 13) ____ Session 2 (June 16 & 17) ____ Session 3 (June 19 & 20)

Please indicate a first and second choice.

Students who wish to continue a language studied in high school must take a language placement exam. If you would like to take an exam, please indicate which language: _____

Gateways fee	\$210.00	\$ _____
Parent housing	\$50.00	\$ _____
Total enclosed		\$ _____

If your parent(s) will also be attending Gateways with you, please fill in the information below:

Parent/Guardian Name: _____ Relationship to Student: _____

Address: _____

E-mail address: _____ Phone Number: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Address (if different than above): _____

E-mail address: _____ Phone Number: _____

Yes, we would like to stay on campus.

Please use this space to alert us of any special needs (i.e., dietary restrictions, accessibility issues, language interpreter requests, etc).

Holy Cross

College of the Holy Cross
Office of Orientation, Transition and Leadership
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Worcester, Massachusetts 01610-2395