



SAINT LOUIS
UNIVERSITY

Visiting Young Scholars Program Application Form

1818 Advanced College Credit Program
One Grand Blvd.
DuBourg Hall Room 17
St. Louis, MO 63108
Phone: 314-977-3142
Fax: 314-977-7160
1818admin@slu.edu
http://1818.slu.edu

Full Legal Name: _____
(Last) (First) (Middle)

Social Security/Banner ID #: _____ Birth Date (MM/DD/YY): _____ Telephone #: _____

Home Address: _____

City/State: _____ Zip: _____ Gender: Female Male

Email Address: _____ Student GPA: _____
Required 3.5 on a 4.0 Unweighted Cumulative Scale

Student Recommended By: _____
Principal / Assistant Principal / Counselor / Other - Signature Required

Returning VYS student: Yes No U.S. Citizen: Yes No Year in High School: Junior Senior

Ethnicity: Caucasian, Non Hispanic Black or African American Hispanic or Latino Asian American Indian Alaskan Native Native Hawaiian Pacific Islander

Other: _____

Religious Preference: Roman Catholic (RC) Other Christian/Protestant (OP) Jewish (JE) Muslim (MM) Other: _____

Emergency Contact Name: _____ Relation: _____ Telephone Phone #: _____

To access a list of available 100 & 200 level courses please visit the [course catalog](#)

	Course Reference Number (CRN)	Subject	Course #	Section #	Instructor Approval (Secured by VYS Staff)
Course 1	_____				
Course 2	_____				
Course 3	_____				
Course 4*	_____				

*University guidelines restrict visiting, non-matriculating students to 11 credit hours per semester

Student Signature: _____ Date: _____

Internal Use Only:	
Director, 1818 Advanced College Credit Program	Date: _____
Dean of the Colleges of Arts & Sciences	Date: _____
Banner ID #:	SLUNet ID: