



SAINT VINCENT COLLEGE

Office of Graduate & Continuing Education
Saint Vincent College
300 Fraser Purchase Road
Latrobe, PA 15650
(724) 805-2933
gradadmission@stvincent.edu

Pre-College Student Application

<http://www.stvincent.edu/precollege>

Last Name _____ First Name _____ MI _____

Address/Street/Apt. # _____

City _____ State _____ Zipcode _____

Phone(s): _____ Email: _____

Social Security #: _____ Date of Birth: _____

Parent/Guardian Name _____ Phone/Email: _____

1. When do you plan to enroll at Saint Vincent College? Semester _____ Year _____

2. Name of high school you attend? _____

3. What year of high school are you in? Junior _____ Senior _____

4. Name of guidance counselor _____ Phone _____

5. Have you ever attended college before? Yes _____ No _____

❖ If yes, what college(s) _____ # of Credits _____

6. What types of courses are you interested in taking at Saint Vincent College? _____

7. RACE/ETHNICITY: The information requested below is sought to comply with the U.S. Department of Education reporting procedures. It is *strictly voluntary* and will not affect consideration of your application.

a. Are you Hispanic/Latino? Yes No

b. Please indicate predominant category/categories (you may check more than one).

- American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander
- Asian White
- Black or African American

In addition to this application, we also require your guidance counselor to send a letter of permission for you to register for courses at Saint Vincent College.

Please mail to:
Office of Graduate & Continuing Education
Saint Vincent College
300 Fraser Purchase Road
Latrobe, PA 15650