CARDINAL STRITCH
UNIVERSITY

High School Release Form

Permission to concurrently enroll in course work at Cardinal Stritch University

The student listed below has applied to Cardinal Stritch University as a Special Student. Completion of this form by the principal, guidance director or designated school official is required for admission as a Special Student. Please complete the information below and forward to the Office of Undergraduate Admissions in the attached postage paid envelope.

High school students are required to consult with their guidance counselor prior to submitting this form in order to seek approval of the course(s) that will be taken at Cardinal Stritch University.

Students seeking enrollment in the Youth Options Program should complete the district's application process, and receive confirmation of eligibility for participation in the program, prior to submitting this form.

TO BE COMPLETED BY THE STUDENT AND PARENT/GUARDIAN

_____ _____
Student Name **Student High School ID Number**

_____
Current High School

_____ _____ _____
Intended Cardinal Stritch University Course of enrollment **Credits** **Semester/Year**

_____ _____ _____
Intended Cardinal Stritch University Course of enrollment **Credits** **Semester/Year**

☐ **I have applied with the district for the Youth Options Program.**

My son/daughter has my permission to enroll in the course(s) listed above.

_____
Parent Signature

TO BE COMPLETED BY THE SCHOOL DISTRICT

☐ This student has been granted enrollment in the Youth Options Program by the school district.

☐ This student has been denied enrollment in the Youth Options Program by the school district.

This student has been granted permission by the school district to enroll at Cardinal Stritch University in the above course(s).

_____ _____ _____
Signature **Title** **Date**

Return to: Cardinal Stritch University, Office of Admissions, Box 516 6801 North Yates Road Milwaukee, WI 53217-3985

Revised 6/05