

**MARIST COLLEGE**

**GREYSTONE PROGRAM**

**Poughkeepsie, New York 12601-1387**  
**Contact: Cynthia Worrad**  
**Phone: (845) 575-3611 Fax: (845) 575- 3605**

**NON-MATRICULATED**  
**STUDENT APPLICATION**  
**SEMESTER - Please check one:**  
**Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Year \_\_\_**

(Please fill out all fields and Return to your Guidance Counselor)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:    M    F Date of Birth \_\_\_/\_\_\_/\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ High School \_\_\_\_\_

Home phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Preferred E-mail address: \_\_\_\_\_

High School or School District: \_\_\_\_\_

Do you participate in the Dutchess Chamber of Commerce Youth Leadership Program? Y \_\_\_ N \_\_\_

**Optional Information:** *Marist needs the following information for reporting to State and Federal agencies. All individual information is held in confidence; only group statistics are reported. Marist College does not discriminate in the admissions process or in the awarding of financial aid on the basis of race, color, sex, religion, or disability.*

- White, Non-Hispanic
- Black, Non-Hispanic
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

Please indicate which course(s) you want to take for the semester checked above. Each course costs \$399.

CRN #	COURSE NUMBER	COURSE TITLE	START DATE

I certify that this application is accurate to the best of my knowledge and I authorize the release of my application material to Marist College. Moreover, I agree to meet any prerequisites necessary for courses in which I plan to enroll and will supply a transcript upon request.

Signature of Guidance Counselor: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_