

Reservation Form

Name _____

Please check mark the date and circle the session you wish to attend. Please plan to stay for the entire length of the program. Return this sheet in the enclosed envelope or email the information below to admission@rockhurst.edu .

Omaha Saturday, April 12th

- Session One 9 – 11:30 a.m.
- Session Two 12:30 – 3 p.m.

St. Louis Sunday, April 20th

- Session One 8:30 – 11 a.m.
- Session Two 12 – 2:30 p.m.

Kansas City Sunday, May 4th

- Session One 8:30 – 11 a.m.
- Session Two 11:45 – 2:15 p.m.
- Session Three 3 – 5:30 p.m.

Please confirm for us your intended field of study (as best you know at this point)

Major _____

Please list for us any college credit you have earned or expect to earn by your graduation from high school. If possible please bring transcripts with you.

Courses

Hours of Credit
