

DUAL ENROLLMENT FORM

To the student: After completing this form, submit it to your high school counselor to complete and forward to the Admissions Office.

ENROLLMENT INFORMATION

SEMESTER:
 Fall Spring Year: 20_____

Course: _____ Credits: _____ Days: _____ Time: _____
 Course: _____ Credits: _____ Days: _____ Time: _____
 Course: _____ Credits: _____ Days: _____ Time: _____

PERSONAL INFORMATION

Social Security Number _____ - _____ - _____ Email Address _____
 Last Name _____ First Name _____ Middle Name _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth ____/____/____ County _____ Country of Citizenship: _____
 Home Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____ **Gender:** Male Female

DEMOGRAPHIC INFORMATION

(Providing this information is optional and is used for statistical purposes only)

Race and/or Ethnic Origin:

American Indian or Alaskan Native Asian Black/African American Hispanic/Latino
 Native Hawaiian/Pacific Islander White I do not wish to provide this information

Religious Preference:

Baptist Catholic Disciples Episcopal Jewish Lutheran Methodist Presbyterian
 Wesleyan No Preference Other: _____ I do not wish to provide this information

ACADEMIC RECORD

Grade Level: _____ **Cumulative GPA on 4 pt scale:** _____ **Rank:** _____ in class of _____

I certify that the applicant meets all state and local requirements for dual enrollment; the courses selected, and recommend registration.

Counselor/Principal's Signature

High School

Date