

Dual Enrollment Application

Dual Enrollment students who are high school Junior's and Senior's should complete this form to begin the dual enrollment process. **Please submit an official High School transcript with overall GPA, SAT/ACT test scores, PSAT, or PSSA/Keystone Exam results for evaluation.**

Date: _____

Social Security Number: _____ Male:___ Female:___ Ethnicity: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Date of Birth: _____ E-mail: _____

[X] Intended semester & year: _____ SUMMER 20 _____ FALL 20 _____ SPRING 20 _____

High School Name: _____

Current Grade Level: _____ Year of H.S. Graduation: _____

Guidance Counselor: _____ Guidance Counselor Phone: () _____

What is your intended college major? _____

Have you ever been convicted of a felony? _____ yes _____ no

Are you a returning Dual Enrollment student? _____ yes _____ no

If you are a rising/current senior, would you like this application to serve as your degree-seeking application to Clarion University? _____ yes _____ no

Course Selection:

A new Dual Enrollment Application must be created each academic year. Circle Summer 2 or 3, Fall, or Spring, for Term and include 1st, 2nd and 3rd choices. A list of approved online courses is available at www.clarion.edu/dualenrollment. If you are interested in an on campus course, please refer to www.clarion.edu/coursecatalog for a current course listing.

Summer 2 or 3 / Fall / Spring –Please circle a term and include your top 3 choice Course ID's below

1. _____ 2. _____ 3. _____

Summer 2 or 3 / Fall / Spring – Please circle a term and include your top 3 choice Course ID's below

1. _____ 2. _____ 3. _____

High School administrative and parental approval (Signatures are required)

I approve the course(s) selected and verify that _____
(Print Student Name)

has demonstrated adequate academic preparation and the ability to benefit from advanced scholastic course work. I hereby grant permission for this student to enroll in the Dual Enrollment program at Clarion University.

High School Counselor's Signature Date: _____

High School Principal's Signature Date: _____

Parent/Guardian Signature Date: _____

Applicants Certification: I certify that the above information on this application is complete and accurate. I understand that to be accepted into the Dual Enrollment program I am responsible for forwarding my official transcripts from all high schools I have attended to Clarion University Admissions Office. I do hereby authorize Clarion University of Pennsylvania to release any information, including grades and evaluations, to my home high school named above at any time throughout my enrollment at the University. This release will also include a final transcript which will be forwarded to the school from the Registrar's Office at the University. I also authorize representatives of the University, including my professor(s), to discuss my progress with personnel employed by my home high school or my parents.

Applicant's Signature Date: _____

Please Send Application to:

Clarion University Admissions Office 840 Wood Street Clarion, PA 16214

Fax: 814-393-2030 Email: admissions@clarion.edu Phone: 800-672-7171 ext. 1 or 814-393-2306