

## 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, do you plan to apply to Clarion University as a degree-seeking student? \_\_\_\_\_ 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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices. A list of approved online courses is available at [www.clarion.edu/dualenrollment](http://www.clarion.edu/dualenrollment). If you are interested in an on campus course, please refer to [www.clarion.edu/coursecatalog](http://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](mailto:admissions@clarion.edu) Phone: 800-672-7171 ext. 1 or 814-393-2306