



UNIVERSITY OF MARY

Dual Enrollment Program

APPLICATION

All of the below fields are **REQUIRED** unless marked by an asterisk. A new form will need to be completed for every term of dual enrollment.

PERSONAL INFORMATION

FIRST NAME		MIDDLE INITIAL	LAST NAME	
MAILING ADDRESS			EMAIL	
CITY		STATE	ZIP	
SOCIAL SECURITY #		CELL PHONE	HOME PHONE	
HIGH SCHOOL			ANTICIPATED DATE OF HS GRADUATION	
HIGH SCHOOL MAILING ADDRESS				
CITY	STATE	ZIP	ANTICIPATED COLLEGE MAJOR (optional)	

Required for

DEMOGRAPHIC INFORMATION

DATE OF BIRTH	RELIGION*
ARE YOU A US CITIZEN? IF NO, ALIEN REGISTRATION NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ROMAN CATHOLIC <input type="checkbox"/> METHODIST <input type="checkbox"/> ASSEMBLY OF GOD <input type="checkbox"/> PRESBYTERIAN <input type="checkbox"/> BAPTIST <input type="checkbox"/> SEVENTH DAY ADVENTIST <input type="checkbox"/> UNITED CHURCH OF CHRIST <input type="checkbox"/> LATTER-DAY SAINTS <input type="checkbox"/> LUTHERAN <input type="checkbox"/> JEWISH <input type="checkbox"/> MUSLIM <input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> NOT REPORTED <input type="checkbox"/> OTHER _____
GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

ETHNICITY*

HISPANIC / LATINO NOT HISPANIC LATINO
 IF NOT HISPANIC/LATINO, MARK THE APPROPRIATE FIELD BELOW
 CAUCASIAN / WHITE BLACK / AFRICAN-AMERICAN
 ASIAN AMERICAN INDIAN OR ALASKA NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 OTHER _____

* You are not required to give us this information. It is used exclusively in compiling institutional federal/state data and is NOT a factor in admissions decisions.

PARENT/GUARDIAN INFORMATION

FIRST NAME		MIDDLE INITIAL	LAST NAME	
MAILING ADDRESS (if different than above)			EMAIL	
CITY		STATE	ZIP	
HOME PHONE (if different than above)		WORK PHONE		

COURSE 1 INFORMATION

HIGH SCHOOL COURSE TITLE

NAME OF ATTENDING HIGH SCHOOL (if different than above)

U-MARY COURSE NUMBER

U-MARY COURSE TITLE

CREDIT HOURS

3.00

SEMESTER COURSE IS TAKEN

 FALL 20 SPRING 20 18**COURSE 2 INFORMATION**

HIGH SCHOOL COURSE TITLE

NAME OF ATTENDING HIGH SCHOOL (if different than above)

U-MARY COURSE NUMBER

U-MARY COURSE TITLE

CREDIT HOURS

3.00

SEMESTER COURSE IS TAKEN

 FALL 20 SPRING 20 18**COURSE 3 INFORMATION**

HIGH SCHOOL COURSE TITLE

NAME OF ATTENDING HIGH SCHOOL (if different than above)

U-MARY COURSE NUMBER

U-MARY COURSE TITLE

CREDIT HOURS

3.00

SEMESTER COURSE IS TAKEN

 FALL 20 SPRING 20 18

I certify that all the answers I have given in this application are complete and accurate to the best of my knowledge and, if admitted, I agree to observe the University of Mary's academic honor code.

STUDENT SIGNATURE

DATE

I approve my student's participation in the courses listed above and agree to pay any associated course fees.

PARENT SIGNATURE

DATE

PLEASE PRINT NAME

I certify that the student is registered for the above courses at the high school listed above.

GUIDANCE COUNSELOR/SCHOOL OFFICIAL SIGNATURE

DATE

12/5/2017

The University of Mary admits students without regard to ecclesiastical affiliations, religious creeds, race, sex, or national origin.



UNIVERSITY OF MARY
America's Leadership University