

Dual Enrollment Application

Dual Enrollment students who are high school Sophomore's, 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. If you wish to become a degree-seeking student in the future, you will need to complete the Official Application for Undergraduate Admission during your Senior year of High School.

Please Print in Blue or Black Ink

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: _____ SUMMER 20_____ _____ FALL 20_____ _____ SPRING 20_____

High School Name: _____

High School Address: _____ City: _____ State: _____ Zip: _____

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

Course Selection:

A new Dual Enrollment Application must be created each academic year. Indicate Summer 2 or 3, Fall, or Spring, for Term as well as 1st, 2nd and 3rd choices. A schedule of classes is available at www.clarion.edu/Registrar, and a current list of proposed classes is available at www.clarion.edu/dualenrollment.

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

1. _____ 2. _____ 3. _____

Type of Course delivery: _____on-line _____in the classroom

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

1. _____ 2. _____ 3. _____

Type of Course delivery: _____ on-line _____ in the classroom

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 Mail Application to:
Clarion University Admissions Office 840 Wood Street Clarion, PA 16214
Phone: 800-672-7171 ext. 1 or 814-393-2306 Fax: 814-393-2030