



Dual Enrollment Program Application

High school students requesting dual enrollment credit complete and return this form to their high school teacher. Tuition (\$75 per credit hour) is submitted to the high school teacher with the application. **Make checks payable to EMU.** All questions regarding Eastern Mennonite University dual enrollment courses should be directed to barbara.byer@emu.edu.

COURSE INFORMATION

Academic Year: 20____ - 20____ Term: Fall Spring

Dual Enrollment course(s) for college credit:

EMU course code and title (example: STAT 120 Descriptive Statistics)	credits	High school course equivalent

STUDENT INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Cell

Email: _____
You will receive course-related emails and a course evaluation at this email address.

Birthdate: _____

Social Security number: _____ - _____ - _____ Gender: _____
(will not be used as your EMU student ID)

Name of parent/guardian: _____ Phone: _____

Parent/guardian address: _____
(if different from applicant)

Religion/denomination: _____

If Mennonite, conference: _____ Congregation: _____

High school: _____ Graduation year: _____

Academic interests: _____

Are you Hispanic or Latino? Yes No

Race: (check one or more) White Non-Hispanic Black or African American

Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

By signing below, I acknowledge that I understand [EMU policies and expectations for dual enrollment students](#). I voluntarily give my parent or guardian and high school counselor access to my educational records.

student signature

date

By signing below, I acknowledge that I understand [EMU policies and expectations for dual enrollment students](#).

parent/guardian signature

date

high school counselor signature

date

high school principal signature

date

OFFICE USE:

Class/Div/Major _____/_____

Accounts Approval _____/_____

Registration Entered _____/_____

updated 9/2020 BB