



# 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 (PLEASE PRINT CLEARLY)

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)	

## 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*	
<input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NOT HISPANIC LATINO IF NOT HISPANIC/LATINO, MARK THE APPROPRIATE FIELD BELOW <input type="checkbox"/> CAUCASIAN / WHITE <input type="checkbox"/> BLACK / AFRICAN-AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> 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			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

SEMESTER COURSE IS TAKEN

FALL 20\_\_\_\_  SPRING 20\_\_\_\_

## 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

SEMESTER COURSE IS TAKEN

FALL 20\_\_\_\_  SPRING 20\_\_\_\_

## 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

SEMESTER COURSE IS TAKEN

FALL 20\_\_\_\_  SPRING 20\_\_\_\_

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 (Type full legal name in lieu of signature)

DATE

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

PARENT SIGNATURE (Type full legal name in lieu of 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 (Type full legal name in lieu of signature)

DATE

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*