



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)

DEMOGRAPHIC INFORMATION

DATE OF BIRTH	RELIGION*		
ARE YOU A US CITIZEN? IF NO, ALIEN REGISTRATION NUMBER:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<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 _____		
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 _____	<p>* 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.</p>		

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
SEMESTER COURSE IS TAKEN <input type="checkbox"/> FALL 20____ <input type="checkbox"/> 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 <input type="checkbox"/> FALL 20____ <input type="checkbox"/> 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 <input type="checkbox"/> FALL 20____ <input type="checkbox"/> 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	DATE
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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
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The University of Mary admits students without regard to ecclesiastical affiliations, religious creeds, race, sex, or national origin.

