



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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ALIEN REGISTRATION NUMBER:	<input type="checkbox"/> ROMAN CATHOLIC <input type="checkbox"/> METHODIST <input type="checkbox"/> ASSEMBLY OF GOD
GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> PRESBYTERIAN <input type="checkbox"/> BAPTIST <input type="checkbox"/> SEVENTH DAY ADVENTIST
ETHNICITY*	<input type="checkbox"/> UNITED CHURCH OF CHRIST <input type="checkbox"/> LATTER-DAY SAINTS
<input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NOT HISPANIC LATINO	<input type="checkbox"/> LUTHERAN <input type="checkbox"/> JEWISH <input type="checkbox"/> MUSLIM
IF NOT HISPANIC/LATINO, MARK THE APPROPRIATE FIELD BELOW	<input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> NOT REPORTED
<input type="checkbox"/> CAUCASIAN / WHITE <input type="checkbox"/> BLACK / AFRICAN-AMERICAN	<input type="checkbox"/> OTHER _____
<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 (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

☐ 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

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

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