

Grambling State University

Dual Enrollment

Student Application

Please type or print in dark ink.

I. TO BE COMPLETED BY STUDENT

1. College Semester/Term of Application: Fall Spring Year: 20____
2. Is this your first semester participating in the Dual Enrollment Program? Yes No
3. Last Name: _____ First Name: _____ Middle Name: _____
4. Other names you might have used: _____
5. Gender: Female Male
6. Social Security Number (Required): _____ - _____ - _____
7. Date of Birth: Month: _____ Day: _____ Year: _____
8. Mailing Address: _____
Street or P. O. Box City State Zip Code
9. Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____
(Area code) Phone Number (Area code) Phone Number
10. In case of emergency, notify: _____
Last Name First Name Relationship (Area code) Phone Number
11. Are you a United States Citizen? Yes No If no, country of citizenship: _____
- 12 Ethnicity/Race: This information is voluntary and the information will be used for federal and/or state law reporting purposes in a nondiscriminatory manner consistent with civil rights laws.
 American Indian/Alaskan Native Asian/Pacific Islander Black (Non-Hispanic)
 Caucasian (Non-Hispanic) Hispanic (Mexican-American) Other

13. Student Tuition and Other Expenses

Application Fee- **students are not required to pay an annual \$20 application fee. Seniors are required to pay an application fee for admission to the University for their freshman year.**

Tuition- a discounted rate of \$150 per three credit hour course will be charged.

Text books and Course Materials: Students are required to use the same textbooks , course materials, and supplies as regular college students.

14. Course, Number, and Title of college course(e.g. ENG 101, Freshman Composition I).

15. CERTIFICATION:

- I certify that all information I have provided in this application is correct.
- I have received a copy of the Dual Enrollment Student Eligibility Criteria Framework and if approved for participation I will comply with all the requirements.
- I understand that I am enrolling as a Visiting/Guest Student at the college/university. Upon graduation from high school, if I desire to enroll at a college or university, I will apply for admission as a regular student and must meet the college/university admission requirements.
- I understand that the college courses and high school and college grades earned in those courses in which I enroll through the Early Start/Dual Enrollment Program will be on my permanent high school and college academic records.
- I acknowledge that: (1) I am enrolling in the course listed in section III. of this form; (2) **it is my responsibility to OFFICIALLY WITHDRAW or DROP a class I decide not to complete by the college/ university published deadline: and (3) if I withdraw from the college course or earn a college grade other than A, B, C, or P in the course, I may not be eligible for Early Start funding in the subsequent semester.**

Student Signature

(over)

II. CERTIFICATION - TO BE COMPLETED BY PARENT/CUSTODIAN (GUARDIAN):

- I certify that all information I have provided in this application is correct.
- I have received a copy of the Dual Enrollment Program Student Eligibility Criteria Framework and if my child is approved for participation, he/she will comply with all the requirements.
- I understand that my child is enrolling as a Visiting/Guest Student at the college/university. Upon graduation from high school, if my child desires to enroll at a college or university, he/she will apply for admission as a regular student and must meet the college/university admission requirements.
- I understand that the college courses and high school and college grades earned in those courses in which he/she enrolls through the Early Start/ Dual Enrollment Program will be on her/his high school and college transcript.
- I acknowledge that: (1) my child is enrolling in the course listed in section III. of this form; (2) **it my child's responsibility to OFFICIALLY WITHDRAW or DROP a class he/she decides not to complete by the college/ university published deadline: and (3) if he/she withdraws from the college course or earns a college grade other than A, B, C, or P in the course, he/she may not be eligible for Early Start funding in the subsequent semester.**

Parent/Custodian (Guardian) Signature

Date

III. TO BE COMPLETED BY HIGH SCHOOL:

A. COURSE ENROLLMENT REQUEST: The High School Principal (or designee) must indicate the college course in which the student has permission to enroll and the respective high school course in which the student will receive high school credit.

College Course Dept/Number	College Course Title	College Credits. Max of 3	High School (LDE) Course Number	High School Course Title	High School Units	Early Start Funded Y/N*

B. Name of High School _____

Name of College/University _____

C. ACT HS Code _____ D. Current School Year: 20__ - 20__ 1st Semester 2nd Semester

E. Student's current grade level: 10th Grade 11th Grade 12th Grade Number of Carnegie Units completed _____

Career Area of Concentration (For Work Skills Courses ONLY) _

F. Student is on track for completing (by graduation from high school) the required high school core curriculum: Yes No

G. A copy of this student's PLAN, ACT or SAT Scores is attached. *Work Keys Certificate is required for students to enroll in a college work skills course if they do not have the required PLAN/ACT/SAT score.*

H. Student has has not previously participated in the Early Start Program.

I. Student earned a grade of ___ in the last college course in which s/he was enrolled for participation in the Early Start Program **as evidenced by the attached college transcript/grade report.** S/he was enrolled in this course in the _____ semester/term of _____.

J. CERTIFICATION:

I certify that the student completing this application has permission to participate in the Early Start Program; that the information provided for this student by the high school is correct, **and that steps have been taken to ensure that enrollment for Early Start funded courses has been limited to 3 semester credit hours.**

Signature of Principal or Designee

Date

IV. CERTIFICATION - TO BE COMPLETED BY COLLEGE/UNIVERSITY:

I certify that I have reviewed this application and the student's scores on the PLAN, ACT, SAT, or Accuplacer; that student meets all Dual Enrollment Program and college/university requirements to be enrolled in the course listed in Section III.A. of this application,. I certify that our college/university does adhere to the Board of Regents Academic Affairs Policy 2.19.

Signature of College/University Official

Date

August, 2018