

HIGH SCHOOL STUDENTS TAKING COLLEGE CLASSES

Purpose: Students who are still enrolled in high school and want to take college classes at Lock Haven University are to complete this form each semester/summer session.

Please select one of the following. Consult with your guidance counselor and/or principal to determine which choice best fits your enrollment.

_____ I will be enrolling under my high school's Dual Enrollment agreement.

_____ I will be enrolling under LHU's Early Admission Program.

_____ I will be enrolling under LHU's Early Admission Tuition Reduction Grant Program.

HIGH SCHOOL INFORMATION

Name of high school _____

Expected date of graduation _____

Have you ever applied for formal admission to Lock Haven University? _____

SEMESTER AND YEAR FOR WHICH YOU ARE REGISTERING - Semester _____ Year _____

NAME _____ SS# ____/____/____
last name first name middle initial/name

ADDRESS _____ TEL # (____) _____

CITY _____ STATE _____ ZIP _____

RESIDENCY STATUS: County _____ State _____ Country _____

MAIDEN NAME (IF APPLICABLE) _____ DATE OF BIRTH _____

SEX ____ ETHNIC (for reporting purposes only) _____ MARRIED/SINGLE (optional) _____

EMAIL ADDRESS _____

STUDENT'S SIGNATURE _____ Date _____

Signature indicates that information contained on this form is true and correct AND authorizes Lock Haven University to release your academic record to your high school.

Course Choice(s)

	Course Number	Section	Title
1.			
2.			

SIGNATURE-Principal or Guidance Counselor _____ Date _____

Signature indicates this student is eligible, according to high school criteria and/or the terms of the Memorandum of Understanding signed by both the District and the University, to enroll in a Lock Haven University course.

RETURN COMPLETED FORM TO:

Registrar's Office
 Lock Haven University of PA
 Lock Haven PA 17745
 Fax: 570-893-2734

xc: Student Financial Services