



Dual Enrollment Application

Social Security Number: _____

Name (Last, First, MI): _____

Mailing Address: _____

City State ZIP: _____

Date of Birth
(Month/Day/Year): _____

Gender: _____

Student Phone: _____

Student Email: _____

Do you intend to apply to UWA for college? Yes No

High School Information

High School currently attending: _____
(If home schooled, please indicate)

Grade: _____ Anticipated
 Graduation: _____

ACT Score: _____ *(Minimum ACT of 19 on EH101 and minimum ACT of 20 on MH113 is required)*

Demographic Data

Did one or both of your parents attend college? Yes No

Please help us comply with federal regulations by indicating your ethnic group:

Are you Hispanic/Latino? Yes No

Select one or more of the following racial categories:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American	

Application Accuracy Statement

I hereby affirm that all information in these blanks is complete and accurate. I understand that withholding information requested or giving false information may make me ineligible for admission and is reason for termination with loss of academic credit.

Student Signature

Date

Parent Signature

Date

Release of Academic Record

I authorize the University of West Alabama to release my academic record each term to my high school. This release is countersigned by my parent or legal guardian if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the Records Office to discontinue the release or until I earn my high school diploma.

Student Signature

Date

Parent Signature

Date

Recommendation for Dual Enrollment

I recommend and approve this student for Dual Enrollment with the University of West Alabama.

_____ SCHOOL COUNSELOR- Print	_____ Signature	_____ Email Address
	_____ Phone Number	_____ Date
_____ PRINCIPAL- Print Name	_____ Signature	_____ Email Address
	_____ Phone Number	_____ Date
_____ PARENT- Print Name	_____ Signature	_____ Email Address
	_____ Phone Number	_____ Date

*** Attach your high school transcript, official ACT scores (broken down by sub scores) and return to your school counselor**

Note: email addresses are required because UWA will notify you of program acceptance, class changes, etc. through email.