



# 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:

American Indian or Alaska Native                   Asian                                   White

Native Hawaiian or other Pacific Islander                   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

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## 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.