

Pennsylvania Western University
Authorization for Dual Enrollment

STUDENT INFORMATION

Student Name:		Birthdate:	
Current address:			
City:		State:	ZIP Code:
Email: <i>*email will be used for all communication</i>		Phone:	

HIGH SCHOOL INFORMATION

Name of High School:			
Last grade level completed:	Graduation Date:	Have you taken a standardized test: <input type="checkbox"/> Yes <input type="checkbox"/> PSAT <input type="checkbox"/> SAT <input type="checkbox"/> ACT <input type="checkbox"/> Other <input type="checkbox"/> No Other Test Name: _____	
Have you taken any AP courses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a returning dual enrollment student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Semester last enrolled at PennWest: (California, Clarion, Edinboro)		Year: _____ Campus: _____	
Semester for which you are applying now: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____			

SCHOOL COUNSELOR/PRINCIPAL

Student's Full Name:		
Is <input type="checkbox"/> Is NOT <input type="checkbox"/> academically prepared to participate in the Dual Enrollment program at PennWest University. Official transcripts can be requested upon course completion through the University Registrar's office. (additional fees apply)		
Print Name:	Title	Date
Signature:		Email:

PARENTAL/GUARDIAN APPROVAL

I/We the parent(s) and/or guardian(s) of _____ have complete knowledge of and agree to the student's proposed enrollment for the courses/semester listed above, to PennWest University. Official transcripts can be requested upon course completion through the University Registrar's office. (additional fees apply)

Print Name:	Signature:	Date:
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College Major (s) you are most interested in pursuing:

Are you considering PennWest upon graduation? Yes No

Other colleges/universities you are considering:

Return to
PennWest University
Admissions Office
admissions@pennwest.edu
724-938-4564 (fax)