EAST TEXAS BAPTIST UNIVERSITY DUAL ENROLLMENT APPLICATION FOR ADMISSION

Instructions:

- 1. Contact high school principal or counselor for authorization to take dual enrollment classes
- 2. Submit by the deadline a completed Dual Enrollment Application for Admission, Health Information Form complete with shot records, and official high school transcript

NAME:				
Last	First	Middle Initial	Preferred Name	
ADDRESS:				
Street		PO Box (if a	PO Box (if applicable)	
City		State	Zip	
HOME PHONE:		CELL PHONE:		
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		
RACE: American Ir Black Non-Reside	ent Alien	Asian Pac White (no Unknown Hispanic		
BEGINNING TERM: FALL	SPRING (Year)	G (Year)		
Future Academic Major	 *************	********	*********	
What is your current grade in What is your Grade Point Av	n school? 12 th /erage (GPA) in High So	11 th		

the University set forth in the ca found to be inaccurate or incom a degree at this time and realiz credentials and meet admission to my high school. I consent to	s. Therefore, if accepted fatalog and the student har applete, it will be sufficient on the sufficient of the that should I wish to do not standards of the University the release of information to if my student account, for ted by the University, my assume that account is the student account.	or admission, I agree to abide adbook. I understand that if an cause for rejection or dismissa so in the future that I must subsity. For record keeping purpose concerning my academic and r any semester enrolled, beco	by the rules and regulations of y information on this form is al. I certify that I am not seeking omit all required academic ses my grades will be released blor financial status to mes delinquent and all methods	
Signature of A	Applicant		Date	
The above student meets the University and the contract v		ons based on criteria listed	for East Texas Baptist	
Signature of High School Principal or Counselor			 Date	