COMPLETING THE APPLICATION

Before filling out this application, please read this information sheet thoroughly for the guidelines for admisibility as a Dual Enrollment candidate and for information on the documentation that must be included with this application.

PART II must be completed by a secondary school official (counselor or principal). The completed application may be submitted directly to the SHU Center for Student Success Dual Enrollment Coordinator. Transcripts, including final grades for the last term completed, or other documentation should be sent directly by the institution at which the courses were taken, but may be turned in to this office by the applicant if contained in an envelope sealed by the issuing institution.

APPLICATION DEADLINES

Applications should be returned to the Center for Student Success at least one month in advance of the first day of the class(es) start date. If you are applying for the Winter Term, please be aware that December 25 – January 1 are NOT business days. This office will determine admissibility as applications are received and will notify the applicant of the admissions decision in early August (for Fall term) or early December (for Winter term) once space and availability is determined and the application and required documentation are received. Applications submitted after this time period are not guaranteed to be reviewed prior to the beginning of the semester.

REGISTRATION

- Dual Enrollment students may not be registered after the class has started.
- For course availability visit https://mysiena.sienaheights.edu/ics/Course_Availability.jnz and select the proper Term.
- Admitted Dual Enrolled candidates may ONLY enroll in SHU courses that have NO pre-requisite OR courses in which the student has successfully passed the pre-requisite course(s). For questions regarding SHU courses, please visit catalog.sienaheights.edu.
- Continuation in subsequent terms is contingent upon successful performance in courses. Students who wish to continue their Dual Enrollment status need to submit an application for each term (Fall and Winter). The students must indicate the term and year they wish to register for and the course code and section for the subsequent term of enrollment.

TUITION & FEES

Assessment of tuition and fees is based on the course(s) for which the student is registered. SHU handles withdrawals and refunds in accordance with its rules and policies.

Students admitted in the Dual Enrollment program are assessed fees according to SHU’s institution’s standard fee structure.

ELIGIBILITY

Before completing the Dual Enrollment application, carefully read the information provided below to determine if you are eligible for Dual Enrollment admission.

- You are a high school student
- You have a minimum 3.0 GPA (on a 4.0 scale)

Required parts of Dual Enrollment application:

- Official copy of high school transcript
- Completed PART I of the Dual Enrollment application, including applicant and parent/guardian signatures.
- Completed PART II of the Dual Enrollment application by high school official certifying eligibility.
PART I—TO BE FILLED OUT BY STUDENT

STEP 1: STUDENT INFORMATION- please print legibly

FULL LEGAL NAME: ____________________________________________________ DATE OF BIRTH: ______/_____/_______

STREET ADDRESS: ______________________________________________________ CITY: __________________________

STATE: __________ ZIP: ___________________ SOCIAL SECURITY # __________________________

CONTACT PHONE #: (______)_____________; ___________  ☐ Home ☐ Mobile  GENDER: ☐ M ☐ F

E-MAIL: ______________________________________________________________

RACE/ETHNICITY: Are you Hispanic or Latino? Yes ☐ No ☐ Unspecified  ☐

Select from the following races (circle):

a. American Indian or Alaska Native  b. Asian  c. Black or African American  d. Native Hawaiian or other Pacific Islander  e. White  f. Multi-ethnic

INTERESTED IN SHU FOR UNDERGRAD? ☐ Y ☐ N  ANTICIPATED MAJOR: __________________________________________

IS THIS YOUR FIRST DUAL ENROLLMENT REGISTRATION AT SHU? ☐ Y ☐ N

PLEASE INDICATE THE SESSION FOR WHICH YOU ARE APPLYING: ☐ FALL ☐ WINTER ☐ SUMMER  YEAR: ______

STEP 2: CLASS REGISTRATION – please list in order of preference

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<th>COURSE</th>
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STEP 3: AUTHORIZATION

STUDENT SIGNATURE: ___________________________ DATE: ___________________________

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: ___________________________

PARENT/GUARDIAN E-MAIL: ___________________________
PART II—TO BE FILLED OUT BY HIGH SCHOOL OFFICIALS

Directions to the Student: This application should be submitted to the school counselor where you are presently enrolled. Part II is to be completed by the high school counselor/official and the complete application, along with a copy of your high school transcript sent to: Center for Student Success, 1247 E. Siena Heights Drive, Adrian MI, 49221. Scan or E-mail to: dualenrollment@sienaheights.edu. Questions? Call us at 517-264-7609.

Directions to the School Officials: Please complete Part II of this application for the presently enrolled high school student. For questions regarding Dual Enrollment eligibility, please visit the Michigan Department of Education website at https://www.michigan.gov/mde/0,4615,7-140-81351_40085---,00.html.

STUDENT LAST NAME: ___________________________ STUDENT FIRST NAME: ___________________________ GENDER: M / F

BIRTHDATE: _____/_____/______ STATE OF MI UIC #: ________________________________ SOCIAL SECURITY #: _______ - _______ - _______

I certify that the student named above is currently enrolled at ___________________________. This institution is a □ private □ public and operates in □ trimester terms □ semesters

SIGNATURE: ______________________________________________

TITLE: ______________________________________________

E-MAIL: ______________________________________________

TELEPHONE #: (_____ ) _______ - _______ FAX #: (_____ ) _______ - _______

DATE: ______________________________

ADDITIONAL COMMENTS: ___________________________________________________________

________________________________________________________

FOR OFFICE USE ONLY

SHU DE COORDINATOR: _______________________________ DATE PROCESSED: _______________________________

REVISION 1: ___________ REVISION 2: ___________ REVISION 3: ___________ REVISION 4: ___________