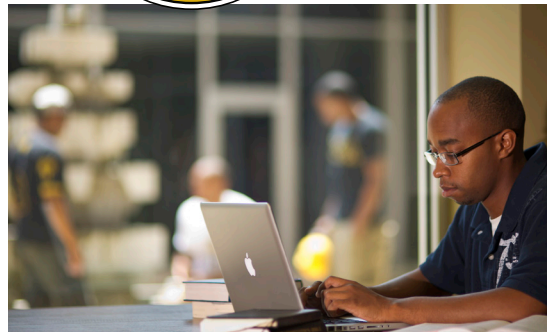
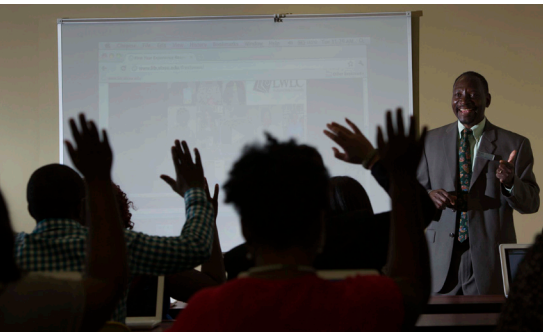


**IT'S A
GREAT TIME
TO BE A**



HORNET



DUAL ENROLLMENT APPLICATION PACKET

Application Requirements

- ① Complete Application Packets **MUST** be received by the following deadlines:
 - For Summer and Fall admission | **May 1**
 - For Spring and Summer admission | **October 1**
- ② A completed Application Packet **MUST** include:
 - A completed application for **EACH** semester
 - A signed endorsement clause to be completed by a core teacher
 - Official high school transcript
 - Official test scores (ACT and/or SAT)
 - Counselor and/or principal recommendation
- ③ All applicants must have earned a 3.0 GPA on a 4.0 scale at time of application
- ④ Senior applicants must have earned an 18 or 1060 on the ACT/SAT, respectively
- ⑤ Junior applicants must agree to take the ACT/SAT by the end of the admit term if they have not already tested and earned an 18 or 1060 on the ACT/SAT, respectively
- ⑥ All applicants must be in good academic and behavioral standing with their current high school



Questions? Scan here, visit our website at www.alasu.edu/DualEnrollment or call the ASU Office of Admissions at 334-229-4291 or 800-253-5037.

ASU

**ALABAMA STATE
UNIVERSITY**

DUAL ENROLLMENT APPLICATION

Please print neatly and clearly.

Type of Application: New Renewal If renewal, ASU ID# _____

Application Term: Fall 20_____ Spring 20_____ Summer 20_____

Applicant Information

Social Security Number _____ - _____ - _____ Date of Birth _____

Name _____
First Middle Last Suffix

Address _____
Street Number Street Name Apt. #

_____ City State ZIP County

This is a new address for a renewal application.

Email _____

Home Phone _____ Cell Phone _____ Text opt in?

Race/Ethnicity: American Indian African American Asian Caucasian
 Hispanic/Latino Pacific Islander Two or More Races Other

Citizenship: U.S. Citizen Permanent Resident Gender: Female Male

High School Name _____

High School Address _____
Street Number Street Name

_____ City State ZIP County

Current Grade: 10th 11th 12th Graduation Year _____ Current CGPA (4.0) _____

Have you taken the ACT? Yes No Composite ACT _____ Date selected to take ACT _____
(Required for Juniors)

Have you taken the SAT? Yes No Composite SAT _____

Anticipated Dual Enrollment Credit Hours? 3 hours 6 hours

Only students with a 3.25 GPA, an 18 ACT and 940 SAT will be permitted to enroll for 6 credit hours. All other students must enroll for 3 credit hours.

Previously earned ASU Dual Enrollment Credit Hours? Yes No

I certify that I comply with the provisions of the United States Military Selective Service ACT (50U.S. App. 453) by having registered with the Selective Service Board, or that I am not yet 18 years of age and I will register when required by the law to register, or that I am not required to register (Required by State of Alabama Legislative Act 91-584.). I further agree to assume responsibility for payment of tuition and fees, where applicable, as adopted by the Alabama State Board of Education. I hereby attest that the information given above is accurate and complete to the best of my knowledge. I understand that submission of false or misrepresented information or the withholding of information requested in this application subjects me to refusal of enrollment, to dismissal, or to suspension as a student at Alabama State University. I do hereby release and absolve Alabama State University and its instructors or agents of any liability that might occur as a result of accidental injury during my tenure as a student. It is the policy of the Alabama State Board of Education and Alabama State University, a postsecondary institution under its control, that no person shall, on the grounds of race, color, sex, religion, national origin, disability or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. I must provide my official high school transcript to the ASU admissions office to validate my application. Furthermore, I agree to allow Alabama State University to release my grade report to be my high school guidance counselor and my parent and/or guardian per the home address listed on my application.

Student Applicant's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Parent/Guardian's Email

Date

DUAL ENROLLMENT ENDORSEMENT CLAUSE

How would you rate the student's academic ability, motivation, organization and independence?

- | | | | | |
|-------------------------|--|----------------------------------|-------------------------------|------------------------------------|
| ACADEMIC ABILITY | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| MOTIVATION | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| ORGANIZATION | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| INDEPENDENCE | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

I hereby recommend and request dual enrollment for _____ a student enrolled at _____ High School who is currently classified as a sophomore junior senior. He/she meets all dual enrollment eligibility requirements as identified by Alabama State University for the upcoming enrollment period.

Core Teacher's Printed Name

Course Taught

Grade Level

Core Teacher's Signature

Date



DUAL ENROLLMENT PROGRAM INTENT TO RETURN

Please update your student information

Name _____
Last First Middle Initial

Address _____
Street Number Street Name Apt. #

_____ City State ZIP County

Email _____ Phone _____

School _____ Student ID # _____

ACT Scores: Composite _____ English _____ Math _____ Science _____ Reading _____

SAT Scores: Total _____ Math _____ Evidence Based Reading _____

Have you taken the SAT? Yes No Composite SAT _____

Grade Level: 11th (Junior) 12th (Senior) Current Cumulative GPA _____

CURRENT DUAL ENROLLMENT COURSE(S)

Name of Course(s)	Time	Days	Location

Will you return to Alabama State University next semester for dual enrollment? Yes No

If yes, please complete the bottom portion and return to your guidance counselor. If not, please state why.

DUAL ENROLLMENT COURSE REGISTRATION

New Enrollment Term Instructions:

- ① Choose courses from the listing of available University courses. Only students with a 3.25 GPA may take more than one course per semester.
- ② Return the completed, signed form no later than October 1 for spring enrollment and May 1 for summer and fall enrollment.
- ③ You must be accepted to the University’s dual enrollment program to take the approved classes.

COURSE SELECTION(S)

Name of Course(s)	Time	Days	Location	Prerequisites met?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Selection(s)				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED SIGNATURES

Signature of Student Date

Signature of Parent Date

Signature of Core Instructional Teacher Date

Signature of Principal or Guidance Counselor Date

Signature of University Advisor Date