

HIGH SCHOOL STUDENTS TAKING COLLEGE CLASSES – LHU Main Campus

Purpose: Students who are still enrolled in high school, including home-schooled students, and want to take college classes at Lock Haven University are to complete this form each semester/summer session. **Enrollment is limited based on space availability. Forms are to be submitted to LHU's Registrar's Office no later than one week prior to the start of the University's semester.**

Registration will be based on space availability.

Principal/Guidance Counselor (print) _____ Phone _____

SIGNATURE - Principal/Guidance Counselor _____ Date _____

Signature indicates this student is eligible to enroll in a University course ~ this signature not required if taking a summer session 2 course

HIGH SCHOOL INFORMATION

Full name and address of high school _____
If you are a home-schooled student, enter "Home School" and your "home" school district, e.g. Home School - Keystone Central

Expected date of graduation _____

Have you ever applied for formal admission to Lock Haven University? Yes No

SEMESTER/YEAR FOR WHICH YOU ARE REGISTERING - Semester _____ Year _____

NAME _____ SS# _____ / _____ / _____
last name first name middle initial/name (Used only until an LHU ID is assigned)

ADDRESS _____ TEL # (_____) _____

CITY _____ STATE _____ ZIP _____

RESIDENCY STATUS: County _____ State _____ Country _____

DATE OF BIRTH ____/____/____ CELL PHONE (____) _____ EMAIL ADDRESS _____
mo day year Initial information about your enrollment will be sent to this email address.

SEX _____ MARRIED/SINGLE (optional) _____ MAIDEN NAME (IF APPLICABLE) _____

US Department of Education Question

What is your ethnicity? Hispanic or Latino Not Hispanic or Latino

What is your race? Mark one or more races to indicate what you consider yourself to be.

White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

STUDENT'S SIGNATURE _____ Date _____
Signature indicates that information contained on this form is true and correct AND authorizes Lock Haven University to release your academic record to your high school.

PARENT'S SIGNATURE _____ Date _____
Approve enrollment and agree to costs incurred by student's registration.

Course Choice(s)

	Course Number	Section	Title	Technology (ITV, Web, Webcasting)
1.				
2.				

RETURN COMPLETED FORM TO: Registrar's Office, Lock Haven University of PA, Lock Haven, PA 17745
Fax: 570-484-2734 Email: Registrar@lockhaven.edu

University Registrar's Office Use Only: _____ Copy to Student _____ Notify Student