

## HIGH SCHOOL STUDENTS TAKING COLLEGE CLASSES – LHU Main Campus

Purpose: Students who are still enrolled in high school 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 \_\_\_\_\_

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