

## 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 provides for enrollment based on space availability as of no earlier than two weeks prior to the start of the University's semester. No registration form will be processed prior to that time.

PRINTED NAME - Principal/Guidance Counselor \_\_\_\_\_ Phone \_\_\_\_\_

SIGNATURE - Principal/Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_

*Signature indicates this student is eligible to enroll in a University 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