

HIGH SCHOOL STUDENTS TAKING COLLEGE CLASSES – LHU/Clearfield Campus

Purpose: Students who are still enrolled in high school and want to take college classes at Lock Haven University-Clearfield Campus are to complete this form each semester/summer session. **Enrollment is limited based on space availability.** *Forms are to be submitted to the main office at the Clearfield Campus of Lock Haven University no later than the deadlines below.*

Select one of the following. Consult with your guidance counselor/principal for the appropriate choice for your enrollment.

Enrolling under University/high school's Dual Enrollment agreement. (Ineligible if receiving a dependent tuition waiver.) The following schools have a signed agreement; other schools are not eligible.
 Clearfield Area, Curwensville, Dubois, Harmony, Moshannon Valley, Philipsburg Osceola, and West Branch

The dual enrollment agreement, signed by your school district/high school and Lock Haven University, provides for registrations based on space availability. In addition, registration forms must be received by the main office at Clearfield by the following deadlines: Fall semester enrollment – May 15; Spring semester enrollment -- December 1; Summer session enrollment – May 1.

Dual enrollment does not apply.

PRINTED NAME –Principal/Guidance Counselor _____ Phone _____

SIGNATURE-Principal/Guidance Counselor _____ Date _____

Signature indicates this student is eligible to enroll in the college course. For students registering under dual enrollment, signature also indicates the student is eligible to receive high school credits from a university course..

From which campus will you be taking your course(s)? Clearfield Campus eCampus

HIGH SCHOOL INFORMATION

Full name and address of high school _____ Expected graduation date _____

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

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

US Department of Education Questions

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 and as defined by signed agreement between the district and the University

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

RETURN COMPLETED FORM TO: LHU-Clearfield, 201 University Drive, Clearfield PA 16830 (Fax: 814-768-3449)

xc: Student Financial Services and Director of Distance/Continuing Education
 Registrar's Office