

WCU ID#: _____

Term: _____

HIGH SCHOOL DUAL ENROLLMENT REGISTRATION

Instructions: Please complete this form, sign the Financial Terms and Conditions and return to the Admissions Office for processing. Upon submission and completion of the Non-Degree application, you will be enrolled in the selected courses and responsible for making payment. You must contact the Admissions Office if you do not plan to attend the course or you will be held liable for payment. *Note: Enrolling into these courses does not guarantee admission to degree candidacy.*

All non-degree students must meet the minimum enrollment requirements and possess the necessary prerequisite coursework and/or can demonstrate, prior to enrollment, minimum performance competencies. Supporting documentation can be sent to the Admission’s Office or emailed to ugradnondegree@wcupa.edu

Term: Fall _____ Winter _____ Spring _____ Summer _____
(Year) (Year) (Year) (Year)

Student Name: _____ Date of Birth: _____

Address: _____ Email: _____

_____ Name of High School: _____

Phone: _____ Alt. Phone: _____

To view available courses, please visit www.wcupa.edu/pr/dualenrollment

Please indicate the course you would like to be enrolled in at West Chester University:

Subject & Catalog # (ex. BLA 201)	Section	Title	Credits	Day(s) & Time

Please list any alternate courses, in order of preference if the class above is not available:

	Subject & Catalog # (ex. BLA 201)	Section	Title	Credits
First Choice				
Second Choice				
Third Choice				

Guidance Counselor/Principal Signature (required): _____

By signing above, the signatory has verified the student will be making satisfactory progress towards fulfilling applicable secondary school graduation requirements. They can attest that the student is ready for college-level coursework and can work independently. They are confirming the student is mature enough to accept the freedom and responsibilities associated with classroom behavior expectations, interaction with college students, and the exposure to the social and intellectual challenges of a college campus.

Student’s Signature (required): _____ **Date (required):** _____

Please understand that this will become your educational record at WCU and accordingly, is bound by the Family Educational Rights and Privacy Act. Information pertaining to your coursework will only be released to you, not your parents. Your signature above authorizes WCU to release information to your high school and school district only. For more information on this act, please visit <https://www.wcupa.edu/registrar/privacy.aspx>