



OFFICE USE ONLY

STUDENT ID #: \_\_\_\_\_  
 NEW/RETURNING \_\_\_\_\_  
 GRANT APPLICATION: YES/NO \_\_\_\_\_

**DUAL ENROLLMENT OFFICE**

650 East Parkway South • Memphis, Tennessee 38104 • 901.321.4416 • 901.321.3202 Fax • [www.cbu.edu/dual](http://www.cbu.edu/dual) • [dual@cbu.edu](mailto:dual@cbu.edu)

**APPLICATION FOR DUAL ENROLLMENT PROGRAM 2018-2019**

Fill out all blanks in black or blue ink. Please print. Be sure all places where a signature is required are signed by the correct person.

Personal Information

Mr./Miss/Ms. \_\_\_\_\_  
 (Circle One) (Last Name) (First Name) (Middle Initial) (Preferred Name)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (required) CBU ID#: \_\_\_\_\_

Gender: Male/Female US Citizen: Yes/No Veteran: Yes/No Other Citizenship: \_\_\_\_\_  
 (Circle One) (Circle One) (Circle One)

Religious Preference (optional): \_\_\_\_\_ What is your ethnicity? Hispanic or Latino/ Non- Hispanic or Latino  
 (Circle One)

Select one or more races to indicate what you consider yourself to be: American Indian or Alaskan Native/ Asian/ Black or African American/ Native Hawaiian or Other Pacific Islander/ White

Contact Information

Applicant's Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Permanent Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Parent's or Guardian's Name(s): \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Parent's or Guardian's Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Relationship: \_\_\_\_\_

Academic Information

**High School(s) Attended (Current and Previous)**

School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Applicant's grade level completed: \_\_\_\_ 9<sup>th</sup> \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 11<sup>th</sup> \_\_\_\_ 12<sup>th</sup> Cumulative GPA: \_\_\_\_\_  
 (Check all the apply)

School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Applicant's grade level completed: \_\_\_\_ 9<sup>th</sup> \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 11<sup>th</sup> \_\_\_\_ 12<sup>th</sup> Cumulative GPA: \_\_\_\_\_  
 (Check all the apply)

**Standardized Test Scores**

SAT Verbal: \_\_\_\_\_ SAT Math: \_\_\_\_\_ ACT Composite: \_\_\_\_\_ PSAT: \_\_\_\_\_ PLAN: \_\_\_\_\_

**Colleges/Universities Previously Attended**

Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Attendance Dates: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Attendance Dates: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

**Dual Enrollment Information**

Are you currently enrolled in or have previously been enrolled in another dual enrollment program? Yes/No

Institution: \_\_\_\_\_ Term(s) taken at other institution: \_\_\_\_\_

Have you previously taken any CBU dual enrollment courses? Yes/No Term(s) taken at CBU: \_\_\_\_\_

Cumulative GPA in all college coursework: \_\_\_\_\_ I am applying for the \_\_\_\_\_ 20\_\_\_\_ term.  
(fall, spring, summer)

Have you applied for the Dual Enrollment Grant online for the semester you wish to take course(s)? Yes/No

I plan on enrolling in one/two course(s) for the term listed above. (Circle one)

I will be taking courses at my high school/ CBU's campus/ both. (Circle one)

With what high school will you be taking dual enrollment courses \*? \_\_\_\_\_

\*The dual enrollment counselor at the applicant's high school must initial by each course the student wishes to take at the high school campus to indicate the applicant's eligibility and enrollment in that dual enrollment course.

<b>Post-Secondary Course(s)</b>					
<b>CRN</b>	<b>Course (Subject &amp; Number)</b>	<b>Credit Hours</b>	<b>Term/Year</b>	<b>Course Location</b>	<b>High School Counselor's Signature</b>
<i>Only for courses at CBU's main campus</i>	<i>Found in CBU catalog</i>	<i>1,2,3, or 4</i>	<i>Fall 2010</i>	<i>CBU/ High School</i>	<i>Only if applicable*</i>

Please initial all statements that are true.

Note: All statements must be fulfilled in order to be considered eligible for CBU's dual enrollment program.

\_\_\_\_\_ I have filled out all portions of this application.

\_\_\_\_\_ I have listed all courses I wish to take for the term listed and have gotten the appropriate signatures if applicable.

\_\_\_\_\_ I have requested a transcript from all schools I've attended (high school and college) to be sent to CBU.

\_\_\_\_\_ I have requested that my standardized test score report be sent to CBU either from my high school or the testing center.

\_\_\_\_\_ I have filled out and signed CBU's transcript request form, if I am taking classes on CBU's campus for high school credit.

Dual Enrollment Grant (initial the correct statement below)

\_\_\_\_\_ I have signed up online for the dual enrollment grant.

\_\_\_\_\_ I do not wish to receive the dual enrollment grant.

\_\_\_\_\_ I am not eligible for the dual enrollment grant.

\_\_\_\_\_ I understand that I must pay any applicable tuition costs before the first day of class.

I certify that the information herein is complete and correct and that I have not attended any educational institution not specified. I understand that falsification of any information on this form will subject me to dismissal from Christian Brothers University.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_