

**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