



# DUAL ENROLLMENT PERMISSION FORM

## High School Students Taking College Courses

*This form must be submitted to the Admissions Office by the deadline posted on the DE webpage. Forms received after this time will not be processed. Enrollment is limited on space availability.*

### STUDENT INFORMATION

<b>Name</b> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <span>Last Name</span> <span>First Name</span> <span>Middle Initial/Name</span> </div> <b>Address</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ I am applying to take dual enrollment courses at Lock Haven University during the: <b>Fall</b> <input type="checkbox"/> <b>Summer</b> <input type="checkbox"/> <b>Spring</b> <input type="checkbox"/> semester/session of the year _____ <b>Student's Signature</b> _____ <b>Date</b> _____ <i>Signature indicates that information contained on the dual enrollment application is true and correct AND authorizes Lock Haven University to release your academic record to your high school.</i>	<b>If you already have an LHU ID number or email address, please list them below:</b>  <b>LHU ID:</b> _____  <b>LHU Email:</b> _____@lockhaven.edu
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<b>PREFERRED COURSE(S)</b>			
If you are part of a pathway program, check this box: <input type="checkbox"/>			
	COURSE NUMBER	SECTION NUMBER	COURSE TITLE
1.			
2.			

*If one or more of the above courses are not available, substitute the following:*

<b>ALTERNATE COURSE(S)</b>			
	COURSE NUMBER	SECTION NUMBER	COURSE TITLE
1.			
2.			

### PARENT/LEGAL GUARDIAN INFORMATION

My child has permission to take courses at Lock Haven University during the semester/session above. <b>Parent Name (print)</b> _____ <b>Parent Signature</b> _____ <i>Signature indicates parental approval of enrollment and agrees to costs incurred by student's registration.</i> <b>Date</b> _____ <b>Phone</b> _____ <b>Email</b> _____
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### SCHOOL INFORMATION

<b>School Name</b> _____ <b>Principal/ School Counselor Name (print)</b> _____ <b>Principal/ School Counselor Signature</b> _____ <i>Signature indicates this student is eligible to enroll in the above courses ~ this signature not required if taking a summer session 2 course</i> <b>Date</b> _____ <b>Phone</b> _____ <b>Email</b> _____
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**RETURN COMPLETED FORM TO:** Admissions Office, Lock Haven University, Lock Haven, PA 17745  
 FAX: 570-484-2201 | admissions@lockhaven.edu