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

Name __________________________

Last Name _______________________

First Name _______________________

Middle Initial/Name _______________________

Address ____________________________________________________________

City __________________________ State _____ Zip _______

I am applying to take dual enrollment courses at Lock Haven University during the:

Fall ☐ Summer ☐ Spring ☐ semester/session of the year _______

Student’s Signature ___________________________ Date ___________

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.

If you already have an LHU ID number or email address, please list them below:

LHU ID: __________________

LHU Email: __________________@lockhaven.edu

PREFERRED COURSE(S)

If you are part of a pathway program, check this box: ☐

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>SECTION NUMBER</th>
<th>COURSE TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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</tbody>
</table>

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

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PARENT/LEGAL GUARDIAN INFORMATION

My child has permission to take courses at Lock Haven University during the semester/session above.

Parent Name (print) __________________________________________________________

Parent Signature __________________________________________________________

Signature indicates parental approval of enrollment and agrees to costs incurred by student’s registration.

Date ____________________ Phone ____________________ Email ____________________

SCHOOL INFORMATION

School Name _______________________________________________________________

Principal/ School Counselor Name (print) ________________________________________

Principal/ School Counselor Signature _________________________________________

Signature indicates this student is eligible to enroll in the above courses ~ this signature not required if taking a summer session 2 course

Date ____________________ Phone ____________________ Email ____________________

RETURN COMPLETED FORM TO: Admissions Office, Lock Haven University, Lock Haven, PA 17745

FAX: 570-484-2201 | admissions@lockhaven.edu