ADRIAN COLLEGE

Application *for* Dual Enrollment

PART I - STUDENT INFORMATION

Name: _____
First Middle Initial Last

Home Address: _____ City: _____ State: ____ Zip Code: _____

Telephone Number: (_____)_____E-mail Address: _____

Date of Birth: _____ Social Security Number: _____-_____-_____

High School: _____ Year of Graduation:_____

What colleges/universities are you currently considering? _____

Please list desired courses:

Department: _____Course #: _____ Days: _____ Times: _____ Credits:_____
Department: _____Course #: _____ Days: _____ Times: _____ Credits:_____
Department: _____Course #: _____ Days: _____ Times: _____ Credits:_____

Student Signature: _____ Date: _____

PART II – HIGH SCHOOL (Please have guidance office or principle complete)

The above named student is recommended for admission for Dual Enrollment at Adrian College for the semester: (fall or spring/year). The cost for dual enrollment is $75 per credit hour. If this student qualifies for dual enrollment, please indicate the address to which the tuition bill should be sent:

High School Name: _____

Street Address: _____

City, State Zip Code: _____

School Official Signature: _____ Date:_____

Telephone Number: (_____)_____Ext.: _____ Email:_____

PART III – Please attach a current official transcript with this application.

Mail to: Adrian College Office of Admissions, 110 S. Madison Street, Adrian, MI 49221 | Fax to: (517)-264-3878 | E-mail: mgrinnell@adrian.edu

Students who enroll must have an overall GPA of 3.0