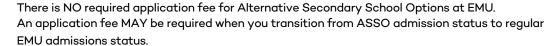
Dual Enrollment Application





Fees are subject to change without notice.

APPLICANT INFORMATION			
Last Name	First Name	Middle Name or Initial	Preferred First Name
I am applying for:	Date of Birth	Current Grade	Gender
Street Address			
City	State	Zip Code	Length of residency
Primary Phone Number	Student Mobile Number	Email Address (will be used to commu	nicate application status)
Are you Hispanic or Latino?	What is your race? You may select	one or more.	
YES	American Indian or Alaskan	Native Asian	
NO	Native Hawaiian or Pacific	Islander Black Wh	ite

EDUCATIONAL BACKGROUND

List the last high school/middle school that you attended or are currently attending and all colleges, universities and other post-high school education programs you have attended. Along with this application you must submit a copy of your transcript from each institution you have attended (Eastern Scholars' students excluded). Failure to report all institutions attended will invalidate your application or may result in dismissal if you have been admitted. International transcripts must be offical or a true attested copy sent directly from the issuing institution in a sealed envelope. Use additional pages if necessary.

School Name	City/State/Country	Start Date (MM/YYYY)	End Date (MM/YYYY)	Graduation/ Expected Graduation (MM/YYYY)

STUDENT CERTIFICATION

By submitting this application I certify that all information in this form is complete and accurate to the best of my knowledge, and that I have listed ALL institutions previously attended. I understand that misrepresentation or omission of any information may be cause for denial of or cancellation of admission OR may result in my being suspended or dismissed from Eastern Michigan University, if discovered subsequent. I understand that all pertinent rules and policies of Eastern Michigan University apply to me immediately upon admission and that it is my responsibility to become knowledgeable about them. I understand that all credentials submitted in support of this application become the property of the University and are not returnable.

By providing my telephone numbers(s), I agree, via my digital signature, that Eastern Michigan University (EMU) may contact me regarding educational services by telephone and/or text message utilizing automated technology at the telephone number(s) provided.

By completing this form, I certify that the signature below is mine.

TO BE COMPLETED BY MINOR STUDENT'S PARENT OR LEGAL GUARDIAN

As the parent (or legal guardian) of

Parent Email Address

I hereby consent to his/her enrollment as a student at Eastern Michigan University ("University"). In addition to such consent, I hereby acknowledge and accept the following conditions of enrollment:

- 1. My child will be subject to the rules, regulations, and policies of the University.
- 2. My child will be interacting socially with adult, university students and the University is not responsible for these social interactions.
- 3. My child may be exposed to discussions, readings, and visual material of a mature nature and will be expected to conform to the same performance standards as any other university student as set forth in course outlines and syllabi.

The University and its employees, faculty, agents, students and trustees shall not be responsible for the supervision and individual monitoring of my child while in attendance at the University.

Date
Phone Number