

Application for Dual Enrollment

Single Term

Hope College
Office of Admissions
69 E. 10th Street
Holland, MI 49422-9000



An application for non-degree seeking high school students desiring to enroll in courses at Hope College

Student Section

Personal Information (please print)

Male / Female

Last Name	First Name	Middle Initial	(circle one)
Street Address			
City	State	Zip Code	
Date of Birth: Month	Day	Year	Social Security Number
Phone Number		Email	
I am applying for:	Fall Semester _____ (year)	Spring Semester _____ (year)	
Have you previously applied to Hope College?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when?	Fall	Spring (circle one)	_____ (year)
Are you an immediate relative of a Hope College employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide employee name and department. _____			

Optional

What is your ethnicity? (circle one) Hispanic Non Hispanic or Latino

What is your race? (circle one or more)

 White Black/African American Asian

 American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

If you circled more than one category, please indicate the racial/ethnic group that you personally identify with:

Non - U.S. Citizen: _____ (nationality)

The above information is requested to demonstrate to the U.S. Department of Health, Education and Welfare that Hope College is in compliance with the Title VI of the 1964 Civil Rights Act. Your response is voluntary.

Acknowledgement

This application, if approved, entitles me to enroll for one semester only. A new application must be submitted to attend any succeeding semester. If, at a later time, I desire to enroll as a degree-seeking student, the regular application for admission must be submitted along with supporting credentials.

I have read above and understand this application is for one semester only and does not carry with it permission to enroll as a degree candidate at Hope College.

Signature of Applicant

Date

Parent Section:

I, _____, the parent of _____, a minor (student), agree to pay for all remaining charges incurred by the student enrolled in Hope College's Dual Enrollment Program. I understand that this is the cost of tuition, less funds the student is eligible for under the PESO act, and less the Dual Enrollment Tuition Waiver provided by Hope College that the student is eligible for.

I promise to pay Hope College within 30 days after eligible discounts are applied.

Signature Date

Parent Name (please print)

Street Address (if different from student)

City State Zip Code

Email Cell Phone

High School - Dual Enrollment Verification (completed by high school official)

Hope College is pleased to provide serious college-bound high school students with the opportunity to study at a college level. Students who have exhausted their school's curricular offerings and/or possess talent in a particular field of study, are eligible.

Name of Student High School

Students' expected year of graduation Current Cumulative GPA

Please indicate the course(s) the student is recommended to take:

Course Title	Department	Course Number	Credits
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1. _____

2. _____

The applicant named above is eligible to participate as a dual enrolled student as outlined in the State School Aid Act. Yes No

A portion of this applicant's tuition will be covered according to the guidelines of the Postsecondary Enrollment Options (PSEO). Yes No

Billing for costs of tuition should be sent to: Attn: _____

Address: _____

Principal's Signature: _____ Date: _____