

HOPE COLLEGE
Admissions Office
69 East 10th Street
Holland MI 49423
616-395-7850



Application for Dual Enrollment

Single Term

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

PERSONAL INFORMATION (Please Print)

			Male / Female
Last Name	First Name	Middle Initial	(circle one)
_____			Date of Birth ____/____/____
Permanent Address _____			
City	State	Zip	Social Security Number
Phone Number (____) _____ - _____			Email: _____

I am applying for: Fall Semester ____ (year)
 Spring Semester ____ (year)

Have you previously applied to Hope College? Yes No
If yes, when? _____ (Term and Year)

Are you an immediate relative of a Hope College employee? Yes No
If yes, please provide employee name and department. _____

OPTIONAL

If you wish to be identified with a particular ethnic group, please circle all that apply.

Caucasian African American Asian American American Indian Mexican American
Other: _____ 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 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

Please see reverse

THE FOLLOWING IS TO BE COMPLETED BY THE APPLICANTS HIGH SCHOOL OFFICIAL

DUAL ENROLLMENT VERIFICATION

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.

High School _____

Name of Student _____

Students' expected year of graduation _____

Current Cumulative GPA _____

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

Course Title	Department	Course Number	Credits
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

Please attach a copy of the student's high school transcript with this application

Billing for costs of tuition should be sent to:

Attn: _____

Address: _____

Principal's Signature

Date