

# SIENA HEIGHTS UNIVERSITY DUAL ENROLLMENT APPLICATION FORM

**REQUIREMENTS: Minimum cumulative GPA of 3.00** (A=4.0 or higher)

## I. Student Information – PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email (please use one you check as this is how you will be notified about classes and orientation): \_\_\_\_\_

Anticipated College: \_\_\_\_\_ Anticipated Major: \_\_\_\_\_

Is this your first registration?  Yes  No

## II. Class Registration

Dept	Course #	Section #	Course Name	Credit Hours	Days	Meeting Time

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\*\* Your signature indicates you agree to meet the same classroom expectations as any Siena Heights University student as stated in the course syllabi and outlines. You also agree to abide by the rules, regulations and policies set forth by Siena Heights University as stated in the *Saint's Guide* and the current University's Undergraduate Course Catalog. Copies of both documents are available at [www.sienaheights.edu](http://www.sienaheights.edu).

## III. School Information and Authorization

High School  
Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Counselor/Principal Signature

\_\_\_\_\_  
Date:

## IV. Submission of Forms

Completed forms must be submitted with high school transcripts and ACT scores.

- 1) Fax: (517) 264-7745 (Attn: Sara Chrenko)
- 2) Mail: Admissions Office, Siena Heights University, 1247 E. Siena Heights Drive, Adrian, MI 49221 (Attn: Sara Chrenko)
- 3) Drop off at the Admissions Office, Ledwidge Hall, Siena Heights University