

WILSON COLLEGE

DUAL ENROLLMENT APPLICATION

STUDENT INFORMATION

Name _____
 First MI Last

Address _____
 Number/Street

_____ City State Zip Code

Home Telephone _____ Cell Phone _____
 Area Code-Number Area Code-Number

E-mail Address _____ Male Female

High School _____ Current Year in School 10 11 12

Guidance Counselor _____ Office Phone _____
 Name Area Code-Number

Semester you wish to start taking a college course: Fall 20____
 Spring 20____

Handicap accessibility needed Yes No Date of Birth ____ / ____ / ____

Please explain what assistance, if any, that you will need: _____

PARENT/GUARDIAN INFORMATION

Indicate with whom you live Both parents Mother Father Other

Father _____ Mother _____

_____ Street Address Street Address

_____ City/State/Zip City/State/Zip

_____ Employer Employer

Person to call in the event of an emergency _____

Relationship to you _____ Phone number _____

COLLEGE COURSES OF INTEREST

Indicate the college course or courses that are of interest to you:

APPLICANT SIGNATURE

I understand that a transcript of my grades for courses taken at Wilson College and/or taught by Wilson College faculty may not be released without my written consent. My signature below indicates my consent to allow Wilson College to send my transcript to my high school guidance office.

Signature _____ Date ____ / ____ / ____

PARENT/GUARDIAN SIGNATURE

I understand my obligation for payment of tuition for a course/courses offered by Wilson College through the Dual Enrollment Program.

Signature _____ Date ____ / ____ / ____

9/17



**WILSON
COLLEGE**

Office of Enrollment Services
1015 Philadelphia Avenue
Chambersburg, Pa. 17201
717-262-2002