

DePaul University

Dual Enrollment Program Application

2020

Please type or print.

	Last Name	First	Middle	Cell Phone number: Area Code ()	
Present Mailing Address	Number and Street		Apt. No.		Home Telephone
					Area Code ()
	City	State	Zip Code	Date of Birth Month Day Year	
	E-mail Address (REQUIRED)			/ /	

Enter your current high school. (Please note: your high school transcripts MUST accompany this application form.)

Name of High School	Expected Graduation Date
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The following information is required to comply with equal opportunity provisions of Federal and state laws and of educational accrediting agencies.

Ethnic Background: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Choose not to identify	If you wish to identify secondary races/ethnicities, please check as many boxes as appropriate: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Choose not to identify	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to identify
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Emergency Contact.

Last Name	First	Middle	Relationship
Number and Street	Apt. No.	City or Town/State	Area Code Phone Number ()
Cell Phone number: Area Code ()			Email Address:

Course Registration PRINT COURSE SELECTION BELOW IN ORDER OF PREFERENCE. WE WILL DO OUR BEST TO ACCOMMODATE YOUR FIRST CHOICE IF POSSIBLE. AT TIMES, A COLLEGE COURSE MAY CANCEL SO IT IS IMPORTANT TO CHOOSE MORE THAN ONE COURSE.

1st Choice: Course Title: _____ Course Number: _____

2nd Choice: Course Title: _____ Course Number: _____

3rd Choice: Course Title: _____ Course Number: _____

Are you interested in applying to DePaul as an undergraduate student: ☐ Yes ☐ No

Would you like to receive application information: ☐ Yes ☐ No

Applicant:

By signing this form, I submit that to the best of my knowledge, the information given is true. I understand and agree that this application will not be valid if information is withheld or misinformation is given and that admission and credit earned through an invalid application may be cancelled. I understand and agree that DePaul University reserves the right to verify the information contained in this application by contacting institutions. If admitted, I agree to comply with all rules and regulations of the University.

I acknowledge that my signature is DePaul University's authorization to register me for classes.

Applicant Signature: _____ Date _____

This is an application for admission to the DePaul University Dual Enrollment Program for the specified term only and does not constitute an application or admission to a degree seeking program.

TO BE COMPLETED BY DEPAUL PREP COUNSELOR

Students Name

ACT Scores (if available): English_____ Reading _____ Math_____ Science_____

Composite_____

How would you rate the applicant's ability and motivation?

	Below Average	Average	Above Average	Excellent	Extraordinary
Ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this application for admission to the DePaul Dual Enrollment Program.

	Not Recommended	Without Enthusiasm	Moderately	Strongly	Enthusiastically
For Academic Promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Character and Personal Promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DePaul Prep Counselor

By signing this form, I am recommending the above named student as a participant in the Dual Enrollment Program and feel confident that he/she is capable of successfully completing the college course(s) listed above. **Official transcripts are required for students.**

Counselor Name (print) _____

Phone Number _____ E-mail _____

Counselor's Signature _____ Date _____

Return completed form along with high school transcript to:

DePaul College Prep
c/o Counseling Department

The application deadline is **Monday, May 25, 2020**. However, it benefits students to apply early since classes at DePaul University can fill-up quickly.