

Texas Woman's University
High School Advantage Signature/Permission Form
For Concurrent/Dual Credit Enrollment

P.O. Box 425649, Denton, TX 76204-5589 (940)898-3188 or (806)809-6130

Email: Admissions@twu.edu <http://www.twu.edu>

This completed application is to be submitted to TWU Admissions with official High School transcript.

NAME AND ADDRESS INFORMATION

Social Security Number: _____ - ____ - _____ Date of Birth (month/day/year): ____/____/____

Full, Legal Name: _____

Gender: ____ Male ____ Female Place of Birth: _____

Address: _____ Apt # _____ City: _____

County: _____ State: _____ ZIP: _____ Country: _____

Home phone: _____ Cell phone: _____ Email: _____

Emergency contact: _____ Relationship: _____

Educational Data (a new Signature/permission form needs to be submitted each semester)

High School (name, city and state): _____

High School code: _____ (see counselor) Overall GPA: _____ Current Grade: _____

Academic Year of intended concurrent enrollment: 2010-11 _____; 2011-12 _____; 2012-13 _____

Semester of intended concurrent/dual credit enrollment: Fall _____ Spring _____ Summer _____

List exact titles of courses you intend to complete during concurrent/dual credit enrollment and the number of credits you will earn for each.

Course name: _____ Credit hrs: _____

Course name: _____ Credit hrs: _____

Course name: _____ Credit hrs: _____

Course name: _____ Credit hrs: _____

Course name: _____ credit hrs: _____

Required for all applicants: Failure to complete, sign and date this portion will result in your application review being delayed.

I certify that the information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at Texas Woman's University. I authorize the University to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the University in determining my admissions and residence status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment and/or disciplinary action.

Student's Signature: _____ Date: _____

Parent/guardian approval

This student is responsible for the payment of all tuition, fees and books, and for providing his/her own transportation (if applicable) to the courses listed in the above section. We understand that the student must abide by the University rules and regulations, and that course grades will be reported to the respective high school for dual enrollment purposes and reporting.

Parent/guardian signature: _____ Date: _____

School district approval

The above mentioned student currently maintains at least a B average and demonstrates the responsibilities necessary for enrollment into the listed course(s). By signing, I certify this student is approved to take the course(s) listed above and meets any and all prerequisites for acceptance into this course(s).

Principal/counselor's printed name and title: _____

Principal/counselor's signature: _____ Date: _____