## Illinois State University Dual Enrollment Interest Form for University High School Students

Student Name:			
Student Name:  Last (Please print clearly)	First	First Middle	
Student/University ID (UID) Number:_			
Address:P.O. Box, Street, or Rural Route			
P.O. Box, Street, or Rural Route	City	St	ate Zip
Phone Number:	U-High/ISU E-ma	il Address:	
Parent/Guardian:			
		Middle	
Address: P.O. Box, Street, or Rural Route			
P.O. Box, Street, or Rural Route	City	Sta	ate Zip
Phone Number:	E-mail Address: _		
High School: University High School,	Normal City	Illinois State	
Graduation Date: (Month/Year)	U-High Counselor:	·	
Applying for: Year □Fall □S	pring   Summer	□New Student	□Continuing Student
	ISU Course Requests (For the upcoming semester only)		
1st choice	(For the upcoming semester omy)		
Course Title	Department & Course #		Section # (or time)
2 <sup>nd</sup> choice			
Course Title	Department & Course #		Section # (or time)
3rdchoice			
Course Title	Department & Course #		Section # (or time)
Student Signature:			Date:
Parent Signature:			Date:
U-High Counselor Signature:			

By signing, you acknowledge that the above student is interested in taking these courses at Illinois State University, which will result in tuition charges. Completing courses at the University will result in establishing an Illinois State University grade point average (4.0 GPA Scale), which will **remain** on the student's academic record at the University.

Additionally, you acknowledge that completing this form **does not guarantee enrollment** in the above courses. Course registration is also dependent upon meeting appropriate University prerequisites for courses as well as course availability. The student will register for courses on <a href="https://my.illinoisstate.edu/">https://my.illinoisstate.edu/</a>.

<sup>\*</sup>Please note, Dual Enrollment students must apply to the University at http://admissions.illinoisstate.edu/apply/.