DUAL ENROLLMENT APPLICATION
FOR HIGH SCHOOL STUDENTS

OAKLAND UNIVERSITY

Thank you for choosing Oakland University to supplement your high school courses! Please follow the instructions below and submit the application to your guidance counselor for approval. **Send this application and a copy of your high school transcripts to the Office of Undergraduate Admissions, 101 North Foundation Hall, Rochester, MI 48309 or fax to (248) 370-4462.** You will then receive written notification of your admission status and instructions on registering for your class(es). All high school students who wish to participate in a course at Oakland University as a dual-enrolled student must:

- Complete this application
- Submit a high school transcript along with this application
- Possess a 3.0 minimum high school grade-point average
- Be of junior or senior standing in high school

There is no application fee for dual-enrolled high school applicants. Admission is for one year, provided that the dual-enrolled high school student earns at least a 2.0 in each class taken at Oakland University. If you have questions or concerns, please call **(800) OAK-UNIV** or email **ouinfo@oakland.edu** for assistance.

1. Name _____
(Last, First, Middle Initial)

2. Social Security Number _____ - _____ - _____
*Providing your Social Security Number is voluntary and will help ensure the accuracy of your Oakland University records.
A unique student identification number will be generated by the university to identify all of your academic, financial and other records at OU.

3. Date of birth _____ / _____ / _____ 4. Sex ☐ Male ☐ Female

5. Permanent home address _____
City _____ State _____ ZIP _____

6. Michigan county _____ 7. Home phone number (_____) _____

8. Student email address (critical for future communications with Oakland University) _____

9. Parent email address _____

10. When do you plan to enroll (select semester and note year)
☐ Fall (Aug) _____ ☐ Winter (Jan) _____ ☐ Summer (May) _____

11. OU course number and title _____

12. Name of high school _____ 13. Graduation month and year _____ / _____

14. Name of high school counselor _____ 15. Counselor phone number (_____) _____

16. Are you a U.S. citizen? ☐ Yes ☐ No 17. If no, do you have a permanent resident card? ☐ Yes ☐ No

18. If you are not a U.S. citizen, and are currently in the United States, please list current visa type _____ and nation of citizenship _____ *Please provide a copy of your current U.S. visa with this application.

TO BE COMPLETED BY STUDENT:

My acceptance as a student is subject to the regulations and policies of Oakland University as described in the Undergraduate Catalog and other university publications. I understand that the grade(s) received for this class(es) will remain on my permanent record with the university.

Student's signature _____ Date _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

My son/daughter has my permission to register for a class(es) at Oakland University. I understand that he/she will be responsible for following the rules and regulations set forth in the Undergraduate Catalog and other university publications. **I acknowledge that I am responsible for any portion of my child's tuition and fees not covered by my school district. I also understand that the grade(s) received for this class(es) will remain on his/her permanent record with the university.**

Name of parent or guardian _____

Signature of parent or guardian _____ Date _____

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR OR PRINCIPAL:

The above student is approved to take the Oakland University class listed above if he/she meets university admission requirements.

Name of counselor or principal _____

Siganture of counselor or principal _____ Date _____

OFFICE OF UNDERGRADUATE ADMISSIONS
101 North Foundation Hall, 2200 North Squirrel Road, Rochester, Michigan 48309-4475
(800) OAK-UNIV | facebook.com/OUAdmissions | twitter.com/OUAdmissions

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