



Division of Academic Outreach & Continuing Education

High School Dual Enrollment ADMISSION APPLICATION

Admission Procedures ~

- Please fill out this form and include all of the following in order to complete your Admission Application:
- An official high school transcript with applicable test scores (must be mailed directly from your high school)
- Completed High School Dual Enrollment Registration & Permission Form (2 pages) (may be faxed or mailed)
- Payment for all tuition and applicable fees either by check, U.S. money order, or credit card (may be faxed or mailed)

Personal Information & Demographics ~

Name: _____ SSN: _____

Email: _____ Phone: _____

Sex: [] Male [] Female Birthday: ____/____/____ Cell: _____

Permanent Address: _____ (Street/P.O. Box) (City/State) (Zip Code)

High School Grade Level: [] Freshman [] Sophomore [] Junior [] Senior

Are you a legal resident of the state of Mississippi? [] Yes [] No

If yes, since what year? _____ County of Residence: _____

If no, of what state or country are you a legal resident/citizen? _____

Information regarding ethnicity is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulation. You are not required to answer.

- [] American Indian/Alaskan Native [] African American [] Hispanic
[] Asian/Pacific Islander [] Caucasian [] International Alumni

Parental or Legal Guardian Information ~ Please indicate permanent mailing addresses.

Father's or Legal Guardian's Name: _____

Father's or Legal Guardian's Address: _____

Email: _____ Phone/Cell: _____

Mother's or Legal Guardian's Name: _____

Mother's or Legal Guardian's Address: _____

Email: _____ Phone/Cell: _____

Fax To: Care of Operations Office ~ 662.325.2657
Mail To: AOCE; Operations Office; P.O. Box 5247; Mississippi State, MS 39762
Mississippi State University is an equal opportunity employer.

Mississippi State University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation or group affiliation, or veteran status.



Division of Academic Outreach & Continuing Education

High School Dual Enrollment PERMISSION/REGISTRATION

Parental or Legal Guardian Permission ~

By my signature below, my child (please print name) _____ has my permission to enroll in the course(s) listed on page two (2) of this form through Mississippi State University's Dual Enrollment Program.

By my signature below, I understand the Dual Enrollment Admission Requirements and that I am responsible for payment of tuition and all applicable fees, including, but not limited to, textbooks, supplemental materials, application processing fee, and distance fees. I also understand that tuition and fees are subject to change without notice per approval by the Mississippi State Legislature and that I will be responsible for any increase in tuition and fees accordingly.

By my signature below, I give permission for Mississippi State University to release my child's transcript to the high school so my child's grades can be recorded on his/her high school transcript. It is my responsibility to request an official transcript from the Office of the Registrar and pay all applicable fees.

Signature of Parent or Legal Guardian _____ Date _____

Principal's Recommendation & Permission ~

By my signature below, (please print student's full name) _____ has my full recommendation and approval to enroll in the course(s) listed on page two (2) of this form through Mississippi State University's Dual Enrollment Program.

By my signature below, I understand the Dual Enrollment Admission Requirements and confer that the student named above is enrolled at (please print High School name) _____ and is academically qualified to succeed in the course(s) listed on page two (2) of this form through Mississippi State University's Dual Enrollment Program.

Signature of High School Principal _____ Date _____



Division of **Academic Outreach & Continuing Education**

High School Dual Enrollment PERMISSION/REGISTRATION

Term of Enrollment
 Fall Spring Summer
 Year 20_____

Student Registration Information & Approval ~

Name: _____ SSN: _____

Email: _____ Phone: _____

Address for Grades: _____
(Street/P.O. Box) (City/State) (Zip Code)

Address for Billing: _____
(Street/P.O. Box) (City/State) (Zip Code)

By my signature below, I am formally requesting to register for the following course(s) listed in the table below through Mississippi State University's Dual Enrollment Program.

Course Symbol & Number (Example: FLS 2133)	Course Name (Example: Spanish III)	For AOCE Use Only CRN

 Signature of High School Student _____ Date

Payment & Submission Instructions ~

Payment, Permission/Registration Form, & Admission Application must be submitted together either by:

1. **Payment by credit card**, please fill in the information below and fax all paperwork care of **OPERATIONS OFFICE, 662.325.2657**. Mississippi State University accepts Visa, MasterCard, American Express, & Discover.

Visa MasterCard American Express Discover Credit Card Number: _____

Card Holder's Name: _____ Expiration Date: _____
(Name as Appears on the Card)

Card Holder's Signature: _____ Date: _____

2. **Payment by check or U.S. money order**, please send all paperwork to: Mississippi State University; Division of Academic Outreach & Continuing Education; BUSINESS & FINANCE OFFICE; P.O. Box 5247; Mississippi State, MS 39762