

STUDENT REGISTRATION FORM

High School Dual Admissions/Concurrent Enrollment Application

Students intending to enroll in courses at Shepherd University while attending high school must submit this application to the address above along with a high school transcript, ACT and/or SAT scores and a letter of approval from principal, guidance counselor or homeschool coordinator. Students must have a cumulative high school G.P.A. of 3.0. Students wishing to enroll in a college level math course must have a minimum of 500 on the SAT Math section or an 18 on the ACT Math Section. Students wishing to enroll in a college level English must have a minimum of 480 on the English section of the SAT or an 18 on the English section of the ACT. **Priority Application deadlines:** May 1 for fall semester, November 1 for spring semester.

Date: _____

1. Social Security No.: _____ 2. Birth Date: _____

3. Name (Last, First, Middle): _____

4. Address: _____

City: _____ State: _____ Zip: _____

5. County: _____

6. Home Phone: _____ Cell Phone: _____

7. Student Email Address: _____

8. Parent Email Address: _____

8. Are you Hispanic or Latino? Yes No

9. Please select the racial category or categories with which you most closely identify:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

10. Name of High School: _____

11. City of High School: _____ 12. High School Graduation Date: _____

13. High School G.P.A.: _____ ACT Composite: _____ SAT Composite: _____

14. Intended College Major: _____

COURSE REGISTRATION

16. Semester and year in which you will enroll: Fall _____ Spring _____ Summer _____

Complete all blocks for each course you wish to register for. High school students may register for a maximum of 7 credits per semester. **Please list classes based on your first preference and provide alternatives by checking the "Alt." box.** For a list of available courses, please visit www.shepherd.edu/registrar/class-schedule.

CRN #	Subject	Course #	Section	Day	Time	Course Title	Credit Hrs.	Alt.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Transcript Request

Print Form

Shepherd University
Office of the Registrar
PO Box 5000
Shepherdstown WV 25443-5000

Transcripts are \$5.00 each after first copy. (Allow a minimum of 3 working days for processing). Attach check or money order.

Emergency transcripts are \$15.00 each, and are processed in 24 hours. (Except during peak periods or technical difficulties.)
Emergency transcripts are sent 1st class mail. For Fed Ex, UPS, etc. include pre-paid, pre-addressed mailing envelope.

Faxed transcripts are considered emergency transcripts and are unofficial. There is a \$15.00 charge per copy.

All obligations (holds) must be cleared before transcripts will be released.

Request must have student's signature and complete mailing address (if being mailed). Complete one form per request.

ATTENTION: Transcripts picked up by or mailed directly to student will be stamped ISSUED TO STUDENT. Such transcripts may not be acceptable to the person receiving it.

Student's signature must be on request.

Student Information

Last Name:	*	First Name:	*
Former Name:		Middle Name:	*
Student ID:	*	Date of Birth:	*
Address:	*		
City, State, & Zip:	*	Phone:	*
Dates Enrolled:	*	Graduation Date:	DUAL ENROLLMENT - NO CHARGE
E-mail address	*		

Number of copies needed: In same envelope? Yes No

Processing Information

<input type="checkbox"/> Send as soon as possible	<input checked="" type="checkbox"/> First Transcript Request
<input checked="" type="checkbox"/> Hold until current semester grades are completed	<input type="checkbox"/> Transcript Request (\$5.00 each)
<input type="checkbox"/> Hold until current semester graduates are certified	<input type="checkbox"/> 24 Hour Transcript Request (\$15.00 each)

Delivery Information

Mail (complete address below) Fax (List complete number and person) Faxed transcripts are considered emergency transcripts and are unofficial. Student Pick Up (Photo ID Required)

Institution or Agency Name:	* _____ High School	
Office or Person:	Counselors Office: Dual Enrollment	
Complete Address:	*	
City, State, and Zip:	*	

Student's signature	<input type="text"/>	Date	<input type="text" value="*"/>
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