

This form must be submitted each semester.

APPLICANTS

Please complete the boxed portion of this form and give to your high school/secondary/home school counselor.

First Name	Middle Name	Last Name	Suffix		
Cell Phone Number (including Area Code)		Student's Email Address			
Grove City College course(s) in which you would like to enroll:					
Term (Fall, Winter, January, Spring, May, Early Summer, Late Summer)	Online or On Campus	Course Code	Course Name	Alternate Choice Course Code	Alternate Choice Course Name
<i>EXAMPLE: Fall</i>	<i>On Campus</i>	<i>HUMA 102 A</i>	<i>Biblical Revelation</i>	<i>HUMA 202 B</i>	<i>Civilization and Literature</i>

If there are no seats available in your first-choice courses, we will place you in your alternate courses.

HIGH SCHOOL/SECONDARY/HOME SCHOOL COUNSELOR USE ONLY

We appreciate your cooperation in providing the following information

Overall GPA: _____ ACT (if known): _____ SAT (if known): _____

Please indicate your level of support for this student's application to the Dual Enrollment Program:

- Recommended highly
 Recommended
 Recommended with reservation
 Not recommended

Is there anything else you would like us to know about this student? Attach a separate document if necessary.

Please attach the student's official high school transcripts to this form and sign below.

Name (Please print) Title

Signature Date

Telephone Number (Including Extension) Email Address