



# High School Enrollment Form

Academic Year 20 \_\_\_\_ - 20 \_\_\_\_

Tuition Paid \_\_\_\_\_

Textbooks Amt. Paid \_\_\_\_\_

Initials \_\_\_\_\_

Please Print NAME

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

S.S. # \_\_\_\_\_ Date of Birth - Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Fall Semester:**

Dept. Code	Course Number	Section Letter	Course Title	Credit Hours	Time of Class	Day						Location
						M	T	W	T	F	S	

**Spring Semester:**

Dept. Code	Course Number	Section Letter	Course Title	Credit Hours	Time of Class	Day						Location
						M	T	W	T	F	S	

**Summer Semester:**

Dept. Code	Course Number	Section Letter	Course Title	Credit Hours	Time of Class	Day						Location
						M	T	W	T	F	S	

**TO BE SIGNED BY THE STUDENT**

I certify that the information that I have completed on this form is correct. I also understand that there are minimum assessment and program standards that I must adhere to in order to be accepted and remain in courses at Cowley College. Failure on my part to program, maintain minimum performance standards and comply with College program requirements may result in my dismissal from the program.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

**High School counselor: Please complete student's cumulative GPA information below and submit a current high school transcript/ACT record if utilizing high school coursework or ACT scores to meet assessment/prerequisite requirements.**

(2.00 GPA for Vocational Programs and 2.75 for Academic Coursework) GPA \_\_\_\_\_ H.S. Counselor \_\_\_\_\_