OAKLAND UNIVERSITY

DUAL ENROLLMENT APPLICATION FOR HIGH SCHOOL STUDENTS

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 48309-4401 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 e-mail ouinfo@oakland.edu for assistance.

1.	Name		
	Social Security Number		
3.	Date of birth/ 4. Sex		
5.	When do you plan to enroll? (select semester and note year)		
	☐ Fall (Aug) ☐ Winter (Jan) ☐ Summer (May)		
6.	Course number and title		
7.	. High school currently attending		
8.	Permanent home address		
	City State ZIP		
9.	Michigan county 10. Home phone number()		
11. Student e-mail address (critical for future communications with Oakland University)			
12. Parent e-mail address			
13	13. Are you a U.S. citizen? Yes No 14. If no, do you have a permanent resident card? Yes No *If you have a PR card, please provide a copy of the front with this application.		
15	. 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		

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To be completed by student:		
My acceptance as a student is subject to the regulations and poli	icies of Oakland University as described in the Undergraduate Catalog and	
other university publications. I understand that the grade(s) receiv	red 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 r	not covered by my school district. I also understand that the	
grade(s) received for this class(es) will remain on his/her $_{ m l}$	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 cla	ss listed above if he/she meets university admission requirements.	
Name of counselor or principal		
Signature of counselor or principal	Date	

