



Dual Credit Application

UNDERGRADUATE ADMISSIONS

Name _____
LAST FIRST MIDDLE

Social Security _____ Email _____

Permanent address: _____
Phone No. _____
Date of birth _____

Citizenship: U.S. Other _____ Church preference _____
(PERMANENT RESIDENT/STUDENT VISA)

If you have an F-1 Student Visa, which institution is maintaining your SEVIS record? _____

Ethnic Origin: White African-American Hispanic Native American Asian or Pacific Islander
 Other _____

Have you ever applied at ACU in the past? If so, when? _____

ENROLLMENT INFORMATION:

Year _____ Term: Fall Spring Summer

High School _____

ACT Score _____ or SAT Score _____

Number of Courses Requested _____

Courses in which you wish to enroll (place 1-5 in the preference column to indicate your class choices):

Preference	SUBJ.	NUM.	SECT.	HRS.	Preference	SUBJ.	NUM.	SECT.	HRS.

Preference	SUBJ.	NUM.	SECT.	HRS.	Preference	SUBJ.	NUM.	SECT.	HRS.

Preference	SUBJ.	NUM.	SECT.	HRS.

I affirm that this information is correct to the best of my knowledge. I also understand that my enrollment as a special student does not imply matriculation in a degree program at ACU. If I have an F-1 Student Visa, I understand that I am responsible to maintain my status through the institution noted above (and not ACU).

Signature _____ Date _____

(INFORMATION AND INSTRUCTIONS ON OPPOSITE PAGE)

Information and Instructions

1. Students must have a qualified ACT or SAT score to take dual credit classes at ACU.
2. Students will be informed of their enrollment at ACU via email within 2 weeks of the receipt of this application and verification of a valid test score.
3. Registration in all courses is on a space-available basis. Courses are not solely dual-credit sections, meaning that all courses are regular ACU courses and will contain degree-seeking ACU students.
4. All dual credit students are expected to adhere to the policies, calendars, and deadlines of ACU and the instructor of the course.
5. Students should list both the number of hours requested and the order of classes requested (using the preference number blank next to each course). Thus, if a student requests 6 hours, the first two courses with available seats will be chosen and the student will be registered for those courses. Notification of the registration will occur at the email address provided on the front of this form.

Return this form to:

Registrar's Office
207 Hardin Administration Bld.
ACU Box 29141
Abilene, TX 79699-9141

Or email form to: registrar@acu.edu.