

GANNON UNIVERSITY

HIGH SCHOOL DUAL ENROLLMENT SCHOOL AUTHORIZATION FORM

This form must be submitted each semester.

APPLICANTS

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

First Name	Middle Name	Last Name	Suffix		
Cell Phone Number (Including Area Code)		Social Security Number (U.S. Citizens Only)			
E-mail Address		Semester Enrolling: <input type="checkbox"/> Fall 20__ Term <input type="checkbox"/> Spring 20__ Term <input type="checkbox"/> Summer 20__ Term			
Returning Dual Enrollment Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is at least one parent/guardian currently employed at Gannon? <input type="checkbox"/> No <input type="checkbox"/> Yes, department/position: _____			
Gannon University course(s) in which you would like to enroll:					
Course Code	Section	Course Name	Instructor	Days	Times
Alternate Courses					

HIGH SCHOOL/SECONDARY SCHOOL GUIDANCE COUNSELOR OR PRINCIPALS

We appreciate your cooperation in providing the following information.

Overall GPA: _____ SAT/ACT: _____

Indicate your specific recommendation of this student for High School Dual Enrollment at Gannon University:

- | | |
|---|---|
| <input type="checkbox"/> recommended highly | <input type="checkbox"/> recommended with reservation |
| <input type="checkbox"/> recommended | <input type="checkbox"/> not recommended |

Please feel free to use the section below for any comments on the above student.

I am aware and approve of the above student enrolling at Gannon University as a Dual Enrollee. Official High School Transcripts are included with the High School Dual Enrollment Application.

School Official Name (Please print)

Title

Telephone Number (Including extension)

E-mail Address

School Official Signature

Date