Illinois State University

Dual Enrollment Interest Form

Name:_____ UID:_____
Last First Middle

Address:_____
P.O Box, Street, or Rural Route City State Zip

Telephone Number:(___)_____ E-Mail Address:_____

Parent Name:_____
Last First Middle

Parent Address:_____
P. O Box, Street, or Rural Route City State Zip

Parent Telephone Number(___)_____ Alt. Telephone Number:(___)_____

High School Attending:_____
Name City St

Date of Graduation:_____ Counselor:_____

Applying for: Year___ Fall__ Spring__ Summer__ New Student__ Continuing Student

ISU Course Requests (for the upcoming semester only)

1st choice_____
Course Title Course #

2nd choice_____
Course Title Course #

3rd choice_____
Course Title Course #

APPLICANT SIGNATURE:_____ DATE:_____

PARENT SIGNATURE:_____ DATE:_____