



DUAL ENROLLMENT FORM

Session: _____

Year: _____

Student:

LAST FIRST M. SOCIAL SECURITY NUMBER

MAILING ADDRESS CITY/TOWN STATE ZIP CODE

HOME TELEPHONE EMAIL ADDRESS

GENDER BIRTHDATE GRADE LEVEL

Residency

When did you move to Vermont?: _____

Where is your true, fixed and permanent address?: _____

How long have you resided there?: _____

Where is your parents true, fixed and permanent address?: _____

How long have your parents resided there?: _____

State the name of the High School you attend: _____

Classes requested (please indicate preferences for alternate sections for each class selected)

COURSE CRN TITLE DAYS/HOURS

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Information from High School counselor

This program is intended to provide high school students looking to get a head start on college an opportunity to take **one** University course for credit, tuition free. Guidance counselor’s signature is required to certify the student’s ability to successfully complete courses.

I confirm that this student has the talent to successfully complete the courses for which he/she has selected

COUNSELOR’S SIGNATURE			POSITION
LAST	FIRST	M	TELEPHONE
HIGH SCHOOL		CEEB CODE	EMAIL ADDRESS
MAILING ADDRESS		CITY/TOWN	STATE ZIP CODE

Approval of Parent/Guardian (Please sign below)

Students enrolled in this program are required to abide by all UVM policies and procedures as stated in the UVM undergraduate catalog and the UVM Cat’s Tale.

1. I understand that my child/charge may enroll in UVM classes on a space available basis.
2. I understand that tuition will be covered by the Next Generation Funds, which allows students to take **one course** at one of the participating institutions. The **comprehensive fee, lab, and other fees**, if applicable, are payable at the full rate. I am responsible for payment of the bill in full by the due date stated on the bill and for all collection fees and other costs and charges necessary for the collection of any amount not paid when due.
3. I understand that this program and its funding are subject to change. Access to the program is on a first come first serve basis and funding may be used up during the school year.
4. I understand that dropping/withdrawing from a course is a formal procedure that students must initiate per UVM’s course enrollment guidelines. Students who merely stop attending classes may receive failing grades or administrative “F’s”. I understand that I am responsible for any outstanding tuition and fees even if my child stops attending classes.
5. I understand that transportation is the student’s responsibility and also understand that parking on campus is limited and requires a UVM parking permit. See the UVM Transportation and Parking web site for more detailed information.
6. I understand that my child is granted one voucher throughout high school.
7. I understand that University credits received under this program become part of my child’s permanent academic record.

By signing the application form below, I certify that I understand and agree to comply with all the terms and conditions as they are printed above.

PARENT’S SIGNATURE		PARENT’S SOCIAL SECURITY #	DAYTIME PHONE
LAST	FIRST	M.	EMAIL
MAILING ADDRESS (IF DIFFERENT THAN STUDENT)		CITY/TOWN	STATE ZIP CODE

Applicant’s Signature

The information I have provided on this application and on my supporting documentation is complete, accurate and true to the best of my knowledge. I understand that furnishing false or incomplete information may result in losing University credit or inability to take further classes in this program.

STUDENT’S SIGNATURE	DATE
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Please mail your application to: Nichole Hathaway, 460 South Prospect Street, Burlington, VT 05401 or fax to: 802-656-1347