



## DUAL/CONCURRENT ENROLLMENT APPLICATION

### Spring 2021

#### PERSONAL INFORMATION

First name:	Middle name:	Last name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Not a U.S. Citizen or Permanent Resident		
Social Security Number: Your SSN verifies your identity and ensures your academic and financial records are appropriately matched.		

#### DEMOGRAPHIC INFORMATION

Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Select one or more of the following races:				
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White

#### CONTACT INFORMATION

Country:			
Street Address:			
City:	State:	Zip:	
Is your permanent address the same as your mailing address?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If different, please write your permanent address below.			
Country:			
Street Address:			
City:	State:	Zip:	
Primary phone type: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone Number:		
Email Address:			

#### EVANGEL AFFILIATION

Evangel University Faculty or Staff Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

#### PARENTAL INFORMATION

Circle Relationship: Mother/Father/Grandmother/Grandfather/Legal Guardian			
Title & First Name:	Last Name:		
Email:	Phone Number:		
Is parent/guardian's address the same as your own? If not, please enter it below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Country:			

Street Address:				
City:		State		Zip
Circle Relationship: Mother/Father/Grandmother/Grandfather/Legal Guardian				
Title & First Name:		Last Name:		
Email:		Phone Number:		
Is parent/guardian's address the same as your own? If not, please enter it below.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country:				
Street Address:				
City:		State		Zip
<b>HIGH SCHOOL INFORMATION</b>				
High School Name:				
High School Graduation Date: (mo/year)				
Check the type of high school you attend:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Homeschool	
Country:				
Street Address:				
City:		State		Zip
Guidance Counselor's Name:				
Guidance Counselor's Email:			Cumulative GPA (on 4.0 scale):	
Guidance Counselor's Signature:				

<b>COURSE ENROLLMENT – Please choose your courses from the course list and indicate your selections here. Max of two courses per term.</b>	<b>Course Name</b>	<b>Lecture number</b>	<b>Credit Hours</b>	<b>Cost (Include tuition and any required fees)</b>
List Course #1				
List Required Lab for Course #1				
List Course #2				
List Required Lab for Course #2				

**PAYMENT INFORMATION**

PAY BY CHECK: Make check payable to Evangel University and enclose with application. (preferred)

To pay securely by credit card, contact the Office of the Bursar at 417.865.2815, ext. 7700 after you are enrolled in the course. Payments by debit or credit card will be assessed a two percent processing fee.

**NONDISCRIMINATION**

Evangel University does not discriminate on the basis of race, color, national origin, ancestry, sex, age, disability, religion, or veteran status except to the extent permitted by religious exemptions recognized by law.

I certify that all of the information submitted in this concurrent enrollment application is true and correct.

**STUDENT SIGNATURE AND DATE**

**PARENT/GUARDIAN SIGNATURE AND DATE**

Please complete this registration form and return pages one and two to the Office of Admissions by email, fax, or mail at:

Dual Enrollment Contact  
Judy Peebles: [peeblesj@evangel.edu](mailto:peeblesj@evangel.edu)  
phone: 417.865.2815, ext. 7346  
fax: 417.575.5478

-or-

Evangel University  
**Attn: Admissions**  
1111 N. Glenstone, Springfield, MO 65802

