Dual Enrollment / Advanced Scholars Application

Dual Enrollment and Advanced Scholars students are high school students who enroll at Virginia Wesleyan University as non-matriculated students. Admission as a dual enrollment or advanced scholars student does not imply admission to a degree program at Virginia Wesleyan University.

Semester for which you are appl	lying: []Fall 20 []Sp	ring 20 []	Summer 20 []Win	nter 20
Please print or type.				
[]Ms. []Mrs. []Miss []M	r.			
Name:	First	Middle	(Maiden / or o	other)
	1 1/31	muure	(Manuen / Or e	iner)
Address: Stree	et		Apt. #	
City	State	Zip	Phone	
Date of Birth:	Gender: M / F	Email:		
Optional : Are you of Hispanic of What is your race? So	or Latino origin: Yes / No elect one or more of the follo	[] Black	can Indian or Alaskan N or African American Hawaiian or Pacific Isl	[] White
or pardoned? [] Yes b. Have you ever been acc c. Has disciplinary action	f the incident, when it occurr nvicted of a crime, other than [] No ademically dismissed from on been initiated or taken again	ed, and its resol n a minor traffic r declared inelig ast you at any of	ution. violation, for which the ible to attend any previ the institutions you pre	e charges have not been expunged ous institution? [] Yes [] No eviously attended? [] Yes [] No
In Case of Emergency, Please C	all		Phone:	
If not a U.S. citizen: Country of If a permanent resident of the				
Have You Previously Attended	Classes At Virginia Wesleya	n University? [] Yes, Dates	[] No
				confirming you have permission t that the applicant is academically
This student is in good standing prepared for college level course		enroll in the co		n school name), is academically
Virginia Wesleyan University	course(s) to be taken:			
Department	Course Number	Sect	ion Number	Credit Hours
	II	1		1

VIRGINIA WESLEYAN UNIVERSITY

Sending official name (please print):		Title:
Sendi	ng official signature:	Work phone number:
1		urse(s) listed above a transcript reflecting your coursework at Virginia Wesleyan hool. Please provide the complete mailing address below. There is no transcript
	School:	Department:
	Address:	City,State,Zip:
		on as a Dual Enrollment / Advanced Scholars student and certify I have provided accurate llation of my class registration may result.
	Signature of Applican	Date

Send this application to:

Virginia Wesleyan University Center for Enrollment Services 5817 Wesleyan Drive Virginia Beach, VA 23455 Email: enrollment@vwu.edu

Fax: 757.461.5238