

# 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)			
<input type="checkbox"/> I authorize Gannon University to contact me via text or smart message (SMS) at the cell phone number provided.		Is at least one parent/guardian currently employed at Gannon?			
E-mail Address		<input type="checkbox"/> No <input type="checkbox"/> Yes, department/position: _____			
Applying For (Check One)		Returning Dual Enrollment Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Fall 20____ Term <input type="checkbox"/> Spring 20____ Term <input type="checkbox"/> Summer 20____ Term					
Gannon University course(s) in which you would like to enroll:					
Course Code	Section	Course Name	Instructor	Days	Times
Alternate Courses					
Please choose alternate sections for the particular course or courses you want.					
If you are more focused on a particular time or days, please provide alternate courses taking place at those times and days.					

## 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.

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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