



# York College of Pennsylvania Concurrent Enrollment Agreement

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: { }M { }F

Legal Address (Number/Street): \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

County: \_\_\_\_\_ Citizenship: { } U.S. { } Permanent Resident { } Other – U.S. Immigration Status: \_\_\_\_\_

Name of Both Parents / Guardians: \_\_\_\_\_ With whom do you live? \_\_\_\_\_

Address of Parents / Guardians: \_\_\_\_\_

Have you attended classes for credit at York College? { } Yes { } No If yes, last time you attended: \_\_\_\_\_

Name of High School currently attending: \_\_\_\_\_ Current Grade: { } Junior { } Senior

Guidance Counselor: \_\_\_\_\_ Guidance Counselor's Phone: \_\_\_\_\_

Guidance Counselor's Email Address: \_\_\_\_\_

SAT: Date Taken \_\_\_\_/\_\_\_\_ Math: \_\_\_\_ Critical Reading: \_\_\_\_ PSAT: Date Taken \_\_\_\_/\_\_\_\_ Math: \_\_\_\_ Reading: \_\_\_\_

ACT: Date Taken \_\_\_\_/\_\_\_\_ Score: \_\_\_\_\_ Current High School GPA: \_\_\_\_\_ Class Standing: \_\_\_\_\_

Admission into the Pennsylvania Dual Enrollment Program requires the approval of BOTH the appropriate School District representative and York College administrator. Admission into the program does not guarantee availability of classes. Registration for fall 2012 classes for Dual Enrollment students begins June 4<sup>th</sup> 2012. Students can visit [www.ycp.edu](http://www.ycp.edu) to view course descriptions, course times and tentative seat availability and other important information. The Academic Policies and Procedures of York College are fully described in the York College Catalog. This publication is the official statement of policy and procedure for the College and every student, part-time as well as full-time, matriculated and non-matriculated. The information provided in the Dual Enrollment Agreement is subject to change at any time. In the event the school district does not apply for DE funding, the student will be responsible for the difference.

By signing this form, the student agrees to abide by the rules, regulations, and policies of York College of Pennsylvania and certifies that the information recorded on this application is correct. (Please note that failure to provide complete and accurate information, particularly attendance at other colleges, will be considered grounds for dismissal.) The student agrees to pay any fees and costs not covered by the Pennsylvania Dual Enrollment program by the applicable due dates. York College of Pennsylvania makes no guarantee of acceptance into this program and does not guarantee the availability of classes. By signing this document, the student permits York College of Pennsylvania to release any and all records to the School District as requested.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature  
(Required if student under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
York College Coordinator

\_\_\_\_\_  
Date