

College Ahead Dual Enrollment Application

First Name (Legal)	Middle	Last Name	Preferred Name	
Street Address	City	State	Zip	
Date of Birth (MM-DD-YY)	Gender	Race/Ethnicity	Social Security #	
Phone	Email			
Are you a US citizen? If not, what is your status or visa type?				
Anticipated College Ahead En	orollment Term (o	circle one): Fall Spring Su	mmer I Summer II	
Academic Information				
Current High School:				
High School GPA (cumulative):		ACT (or SAT) Sco	_ ACT (or SAT) Score:	
(Counselor must send a co	py of your tran	scripts and ACT or SAT test s	cores.)	
Have you previously enroll	ed in a Universi	ty of Montevallo course (circl	e one)? Yes No	
What is your high school gi	raduation year?			
Are you a GRC student in S	helby County (c	ircle one)? Yes No		

Certification and Signatures

I certify that I comply with the provisions of the United States Military Selective Service Act (50 U.S.C. App. 543) by having registered with the Selective Service Board or that I am not yet 18 years of age and will register when required or that I am not required by law to register. The information herein is complete and accurate. I understand that incomplete and inaccurate application information may result in my being ineligible for admission and enrollment. I also authorize the University of Montevallo to release my academic record each term to my high school.

Student Signature	Date
Parent Signature	Date
Guidance Counselor Signature	Date