

## LEAP / JUMP START & DUAL ENROLLMENT APPLICATION



Early start students who are high school sophomores, juniors and seniors should complete this form to begin the enrollment process. Please have your high school submit an official high school transcript with overall GPA, SAT/ACT, PSAT or PSSA test scores for evaluation. To become a degree-seeking student in the future, please complete the *Application for Undergraduate Admission* during your senior year of high school.

**Choose one. Please consult with your high school counselor.**

### \_\_\_\_\_ **L.E.A.P. / Jump Start**

Send application & transcripts to: Clarion University, Admissions Office, 840 Wood Street, Clarion, PA 16214  
Phone: 800-672-7171 Fax: 814-393-2030

### \_\_\_\_\_ **Dual Enrollment**

Send application & transcripts to: Clarion University, Center for Teaching Excellence, 219 Stevens Hall, Clarion, PA 16214  
Phone: 814-393-2798 Fax: 814-393-2781

### **Student Profile**

Please Print in Blue or Black Ink

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

I plan to enroll for the class(es) at Clarion University:

\_\_\_\_\_ FALL 20\_\_\_\_\_ \_\_\_\_\_ SPRING 20\_\_\_\_\_ \_\_\_\_\_ SUMMER 20\_\_\_\_\_

### **High School Profile**

Name of High School: \_\_\_\_\_

High School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Year of H.S. Graduation: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Guidance Counselor Phone: (     ) \_\_\_\_\_

What is your intended college major? \_\_\_\_\_

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**Course Selection:** Please complete a separate form for each term. Indicate Fall, Spring or Summer I or II, in the first box provided. A schedule of classes can be viewed at [www.clarion.edu/6868/](http://www.clarion.edu/6868/)

Term	Course ID Number	Course Title	Meeting Time

Indicate type of course delivery: \_\_\_\_ web-based course \_\_\_\_ in the classroom

### High school administrative and parental approval (Signatures are required)

I approve the course(s) selected and verify that \_\_\_\_\_  
Name of Student

has demonstrated adequate academic preparation and the ability to benefit from advanced scholastic course work. I hereby grant permission for this student to enroll in the Leaders' Early Admission Program, the Jump Start program at the Venango Campus or Dual Enrollment at Clarion University.

\_\_\_\_\_  
Signature of High School Counselor

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of High School Principal

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date:

### Applicant Certification

I certify that the above information is complete and accurate. I understand that I am responsible for requesting that my high school forward my official transcripts with grades and test scores.

### Dual Enrollment Students

I do hereby authorize Clarion University of Pennsylvania to release any information, including grades and evaluations to my home high school named above at any time throughout my enrollment at the University. This release will also include a final transcript which will be forwarded to the school from the Registrar's Office at the University. I also authorize representatives of the University, including my professor(s) to discuss my progress with personnel employed by my home high school or my parents.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date: