



OFFICE OF THE REGISTRAR

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HIGH SCHOOL DUAL ENROLLMENT APPLICATION

Social Security Number: _____ Semester/Year: _____

List High School:

High School's Name _____ Year Began _____ Graduation Year _____

Name: _____
Last First Middle/Maiden

Address: _____
Street & Number City State Zip County

Phone: _____
Home (include area code) Work (include area code)

Date of Birth: _____ Gender: _____ E-mail Address: _____
month / day / year

Ethnic Origin: ___ White (not of Hispanic Origin) ___ Black (not of Hispanic Origin) ___ Asian or Pacific Islander
___ Hispanic ___ American Indian or Alaskan Native

Nation of Citizenship: _____
Non U.S. Citizens only: Resident Alien #: _____ Other Visa Type: _____
Issue Date: _____ Date Visa/Alien Card Expires: _____

(COPY OF RESIDENT ALIEN CARD OR VISA TYPE MUST BE SUBMITTED WITH YOUR APPLICATION:
MUST BE VALID THROUGH TERM OF ENTRY)

I am in good standing at the last institution attended (eligible to enroll). Yes [] No []
If "No," you are not eligible to attend FAU.

If your answer to either of the following is "yes," you must submit a full explanatory statement on a separate sheet attached to this form. The University will undertake to expeditiously review your request for enrollment; however, you may not register until the review is complete. False or incomplete responses will result in a disciplinary action, cancellation of registration or invalidation of credits earned. If any box is checked "YES", additional documentation and/or further consideration by the Admissions Review Board may be required.

- Have you been found guilty by any school authorities or by any court to have disrupted or interfered with orderly conduct, processes, functions or programs by any educational institution? Yes [] No []
• Have you ever been charged with a violation of the law, misdemeanor and/or felony (even if adjudication was withheld) which resulted in, or, if still pending could result in, probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license (you are not required to include traffic violations which only resulted in a fine)? Yes [] No []
• I certify that the above information is correct and complete and understand that falsifying or withholding information may result in disciplinary action and withdrawal from the University. I agree to abide by the policies of the Florida Board of Education and the rules and regulations of this University.

SOCIAL SECURITY NUMBER COLLECTION AND USAGE

FAU's Policy on the collection and usage of Social Security Number is available at:
http://www.fau.edu/hr/files/FAU_SSN_Notification_Document_-_Web.doc

Applicant's Signature _____ Date _____