Mountain Cat Dual Enrollment Experience

2009 University of Pittsburgh Johnstown 2010

Personal Information

Information collected on this application is private and confidential. The data collected will only be used internally and will not be released to persons or institutions outside the University of Pittsburgh without your written consent.

1 Name

Last Name *First* *Middle* *Social Security Number*

2 If any of your records are under a name other than the one given above, please indicate.

Last Name *First* *Middle*

3 Permanent Address

Street *City* *State* *Zip*

(Area Code) Phone Number *E-mail Address (if available)*

4 Mailing Address

Street *City* *State* *Zip* *(Area Code) Phone Number*

5 Name of Father/Guardian (Circle One)

Last Name *First* *Middle Initial* *Occupation* *Employed By*

6 Name of Mother/Guardian (Circle One)

Last Name *First* *Middle Initial* *Occupation* *Employed By*

7 Student Citizenship

O U.S. Citizen O U.S. Immigrant (Permanent Resident Alien) O Refugee O Non-Immigrant (Student Exchange Visitor)

8 County of Residence: _____

9 Please answer the following questions:

Is the student a resident of Pennsylvania?

O Yes, *more* than one year O Yes, *less* than one year O *Not* a Pennsylvania resident

Is Father a resident of Pennsylvania?

O Yes, *more* than one year O Yes, *less* than one year O *Not* a Pennsylvania resident

Is Mother a resident of Pennsylvania?

O Yes, *more* than one year O Yes, *less* than one year O *Not* a Pennsylvania resident

Is Guardian a resident of Pennsylvania?

O Yes, *more* than one year O Yes, *less* than one year O *Not* a Pennsylvania resident

Your response to questions 10-13 is voluntary, will be kept confidential and will not be used to deny access or admission. This information will, however, assist the University in providing data to demonstrate compliance with federal regulations.

10 Date of Birth Month Day 1 9 Year

11 Sex O Male O Female

12 Are you Hispanic or Latino *(Meaning a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race)* **? o YES o NO**

13 Please select one or more race(s) or ethnicity(ies) from the following group that you identify with:

o American Indian/Alaskan Native o Asian o Black or African American
o Native Hawaiian or other Pacific Islander o White

Educational Information

14 Please list the name and address of the high school you are currently attending.

School *Street* *City* *State* *Zip*

15 Anticipated date of high school graduation: Month Day Year **2 0**

16 Please list all of the high school classes that you are/will be taking this year.

Admissions Information

17 Applying for term beginning: **O Fall** (Aug-Dec) **O Spring** (Jan-Mar) **O Summer** (May-July)

18 Applying for year beginning: **2009/10**

19 Status for which applying: **X Part-time**

20 Indicate your choice of course(s)

Signatures

21 Signature of student

_____ _____
Student Signature *Date*

22 Name & signature of guidance counselor

_____ _____ _____
Guidance Counselor Name *Guidance Counselor Signature* *Date*