

Year \_\_\_\_\_  
 Fall  Interim  Spring  Summer  Online



# SPRING ARBOR UNIVERSITY

## High School Student Enrollment Form

www.arbor.edu

SS# \_\_\_\_\_ Home High School \_\_\_\_\_ Year of HS Graduation \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**THE SECTION BELOW IS TO BE COMPLETED BY HIGH SCHOOL PERSONNEL**

Catalog Course Letters	Catalog Course Numbers	Section Number	Course Title	Cr. Hours	Meeting Time	Days	Credit Options		
							H.S.	SAU	Both

**Approval By High School: Credit**

The noted student is authorized for enrollment in the above course(s) to be taken at Spring Arbor University for the semester indicated. This attendance will not impede the student's progress towards graduation from high school and is in the best interest of the student.

\*Designate the form of credit received for each class on the registration line. Postsecondary Options Act funds do not apply to Audited (taken for no credit) classes.

\_\_\_\_\_ **H.S. Counselor Signature** \_\_\_\_\_ **Date**

**Approval By High School: Payment**

**If this box is left blank, the student/parent/guardian is responsible for payment. Arrangements for payment must be made at the time of registration.**

The high school/home school or I.S.D. agrees to pay for tuition and fees for dual-enrollee as defined by the Postsecondary Options Act:

Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, the student's class schedule and grades will be released to the high school by Spring Arbor University.

\_\_\_\_\_ **Principal or School Designee Signature** \_\_\_\_\_ **Date**

I understand that I am registering in college and I am subject to Spring Arbor University policy.

\_\_\_\_\_ **Student Signature** \_\_\_\_\_ **Date**

<input checked="" type="checkbox"/> _____ SAU Advisor Initials/ Date SAU policies and services are available at www.arbor.edu  <input checked="" type="checkbox"/> _____ Registration Processed	Copy distribution: Registration Cashier
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**Send Billing to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

I understand that I am responsible for payment if the high school/home school or ISD does not pay.  
 I understand that my student is registering for a college class and is subject to Spring Arbor University policy.

\_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Date**

## Early Enrollment Program at Spring Arbor University

The criteria for an early enrolled student follows:

1. Must be a high school junior or senior to enroll.
2. Must have a GPA of at least 3.2 or an ACT of 21.
3. Must meet with a Spring Arbor University admissions representative.
4. The student can only take classes that a Spring Arbor University **freshman** could take.
5. An early-enrolled student may only take a course if space is available after Spring Arbor University students have registered.
6. The applicant must submit:
  - a. the application for admission (on reverse side)
  - b. the \$30 application fee
  - c. a high school transcript
  - d. ACT score
7. Once enrolled, the student must earn a grade of "C" or better to remain in the program.
8. The student will be charged \$80 per credit hour up to 6 credits per term only. For additional courses, the student will be charged the Spring Arbor University part-time rate. (\$450 per credit, 2008-2009)
9. The student must also pay required fees for Spring Arbor University.
10. The student may take a maximum of 16 credits under the early enrollment program.
11. The student portion of the cost must be paid before the class starts.

If you have any questions or need additional information, be sure to contact the Admissions Office at 517.750.6468.

Degree-seeking Spring Arbor University students have first priority. If a class is full, Spring Arbor University cannot guarantee a spot to an early enrolled student. Scheduling will not take place until after Spring Arbor University degree-seeking students have registered.

I authorize release of my Spring Arbor University grades following each semester of attendance as an early enrolled student.

I understand that a small fee will be assessed for each transcript that is sent. Please send to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_