Student ID_____
(for institutional use only)

VALLEY CITY STATE UNIVERSITY

EARLY ENTRY
REGISTRATION FORM

After being admitted as an early entry student, please complete this form to indicate the courses in which you intend to enroll. Questions may be directed to the Office of Enrollment Services by calling 845-7101 or 1-800-532-8641, ext 37101.

Section I To be completed by the Applicant: **Semester:** ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Date _____/_____/_____ Birth Date _____/_____/_____ ☐ Sophomore ☐ Junior ☐ Senior
Month Day Year Month Day Year

Name: _____
Last First Middle Initial

Address: _____
Street/PO Box Apt. # City State Zip Code

Email:_____ Phone:_____

I have completed (or will have completed by the start of class) my freshman year of high school, have a cumulative GPA of 3.0 or more, and would like to enroll in the following course(s) at Valley City State University:

Subject & Catalog #	Course Title	Credits	Location
_____	_____	_____	☐ High School ☐ College _____ ☐ Online (*Start Time*)
_____	_____	_____	☐ High School ☐ College _____ ☐ Online (*Start Time*)
_____	_____	_____	☐ High School ☐ College _____ ☐ Online (*Start Time*)

Parent Signature_____Student Signature_____

Section II To be completed by the high school Principal or Guidance Counselor.
When finished, please forward this form to: Office of the Registrar, 101 College St SW, Valley City, ND 58072.

Principal/Counselor (circle one) Name: _____

High School: _____ City: _____

Student's Cumulative GPA (A=4.0): _____ Student's ACT (if available): _____

Written Recommendation: Please provide your estimation of this student's academic success:

_____

_____

Date_____ Principal/Counselor Signature_____