



Early Entry Program for High School Juniors & Seniors

Jump-Start your College Education at VCSU

EARLY ADMISSION REGISTRATION FORM

Student ID _____
(for institutional use only)

As an early entry applicant, please complete this form to indicate the courses in which you intend to enroll. In addition to this form, you must also complete a University application for admission, submit a \$35 non-refundable application fee, and have your high school send us your official transcript of work to this point in your high school career. Questions may be directed to the VCSU Office of the Registrar at 1-800-532-8641, extension 7295.

Section I To be completed by the Applicant

Date ____/____/____ *Social Security Number ____-____-____ Birthdate ____/____/____
Month Day Year Month Day Year

Name: _____
Last First Middle Initial

Address: _____
Street Apt. # City State Zip Code

I have completed my sophomore year of high school, have a cumulative GPA of 3.25 or more, and would like to enroll in the following course(s) at Valley City State University:

Department & Course Number	Course Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

*SSN disclosure is voluntary and is used as an individual ID number for record-keeping and administrative purposes only. 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 success in the Jump Start Program:

Date _____ Principal/Counselor Signature _____