INSTRUCTIONS

*Rising high school seniors* may apply for Dual Enrollment Admission to UNC Asheville for the purpose of taking courses not offered by their high school. Applications are reviewed on a case-by-case basis. Course enrollment at UNC Asheville is determined by availability of space in the classes selected. There is no application fee. Applications for Dual Enrollment are valid for one semester only. You must submit a new application for each additional semester that you wish to take UNC Asheville courses. **All tuition and fees associated with enrollment are due at the time of registration.**

ELIGIBILITY FOR DUAL ENROLLMENT

To be eligible for dual enrollment at UNC Asheville you must:

1. Meet the Minimum Course Requirements of The University of North Carolina, except senior English and fourth year of Math.
2. Minimum GPA of 3.5 (weighted)

Applications will be reviewed on a rolling basis and applicants must complete the following:

1. Completed and signed UNC Asheville Dual Enrollment Application; which includes a signed permission from your high school principal and/or designated school official with approved course selections (page 2).
2. Official high school transcript.

Please submit these application materials together. Application packets can be submitted to:

UNC Asheville Office of Admissions
1 University Heights, CPO #1320
Asheville, NC 28804

For more information or if you have questions, call the Office of Admissions, 828/251-6481 or 800/531-9842.
www.unca.edu/admissions
Please complete this application in black or blue ink and return to: Office of Admissions, CPO #1320, UNC Asheville, One University Heights, Asheville, NC 28804-8502.

FULL LEGAL NAME (No initials or abbreviations)

ALL legal names you have used previously

Last First Middle Jr./III/etc.

Social Security number ______ - ______ (Voluntary, used for university record keeping.)

Current mailing address

Street/P.O. Box City State Z ıp (9-digit) (month/day/year)
Home phone _____ / _______ Other phone _____ / _______ E-mail ______________________________

Permanent address

Street/P.O. Box City State Z ıp (9-digit) (month/day/year)
Home phone _____ / _______ Other phone _____ / _______ E-mail ______________________________

RESIDENCY STATUS

North Carolina Law (General Statute 116–143.1) states that in order to determine eligibility for the in-state tuition rate, “Every applicant for admission shall be required to make a statement as to length of residence.” The following information should allow for an accurate determination of residency status. We will contact you if we need additional information. If the total time listed is less than 12 months, please explain on the back under Additional Information.

I certify that I am a bonafide resident of _______________ in _______________.

I have been a resident from _______________ to _______________.

Begin date _______ End date _______

Citizenship: ☐ United States ☐ International student, country of citizenship: ________________________________

☐ Resident alien: Green Card number _______________ Issue date _______________ Expiration date _______________

☐ Non-resident alien: Type of visa _______________________________

PERSONAL DATA

Date of birth _______________ City and state of birth _______________

Sex: ☐ Male ☐ Female

Racial/ethnic identification (used for federal reporting purposes only)

☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Hispanic

☐ Caucasian/White ☐ Other (specify) _______________________________

Are you now, or have you ever been, a member of any branch of the U.S. Armed Forces? ☐ Yes ☐ No

FAMILY DATA

Father (or guardian)

Last First Middle Jr./III/etc. Preferred Name/Nickname

Address _________________________________________________________________________________

Street / P.O. Box City County State Zip (9-digit)
Home phone _____ / _______ Business phone _____ / _______ State of legal residence _______________

Initial date of residence in North Carolina (month/year) _______________

Occupation ________________________________________________________ Employer __________________________

Highest level of education (colleges & degrees earned) _______________________________
REQUIRED INFORMATION

Your “yes” answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

For the purpose of the following six questions, “crime” or “criminal charges” refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.

1. Have you been convicted of a crime?  ☐ No  ☐ Yes
2. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued to a criminal charge?  ☐ No  ☐ Yes
3. Have you otherwise accepted responsibility for the commission of a crime?  ☐ No  ☐ Yes
4. Do you have any criminal charges pending against you?  ☐ No  ☐ Yes
5. Have you ever been expelled, dismissed, suspended, placed on probation or otherwise subject to any disciplinary sanction by any school, college or university?  ☐ No  ☐ Yes
6. If you have ever served in the military, did you receive any type of discharge other than an honorable discharge?  ☐ No  ☐ Yes
   ☐ Currently serving  ☐ Never served

Failure to answer questions 1–6 fully will delay the processing of your application. If you answer “yes” to any of the six questions above, please explain the circumstances on a separate sheet titled Additional Information.

You must promptly notify the Admissions Office in writing of any criminal charge, any disposition of a criminal charge, or any school, college or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

HIGH SCHOOL INFORMATION

Current high school

Address ____________________________ City ____________________________ State ______________ Zip (9-digit) ______________

High school College Board code number ____________________________ Graduation date ______________

Name of school counselor ____________________________ High school phone _______ / ________

List all previous high schools you have ever attended for any length of time, whether or not you have completed a term.

<table>
<thead>
<tr>
<th>High School Name</th>
<th>Dates Attended(m/yr-m/yr)</th>
<th>High School College Board Code Number</th>
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PREFERRED UNC ASHEVILLE CLASSES (Please rank a minimum of 3 courses in order of preference)

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Course Day/Time</th>
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Courses are subject to availability at the time of registration.  Total hours
TO BE COMPLETED BY YOUR HIGH SCHOOL
____________________________________________________ is a student in good standing at Asheville High School or SILSA
and has permission to take the above course(s) for the _______ semester beginning ______________, 200_____________ at UNC Asheville.

NAME please print ________________________________________ TITLE ________________________________________
Principal or designated school official

PHONE ______ / ________

SIGNATURE ____________________________________________ DATE __________________

APPLICANT’S AFFIRMATION/AGREEMENT
I certify the above to be correct and authorize the secondary schools and/or colleges I have attended to release transcripts, test scores, recommendations and other information required by the University of North Carolina at Asheville. I understand that all credentials submitted in support of this application become the property of the university and are not returnable. I have not omitted any previous high schools or colleges of attendance. I agree to conform to the rules and regulations of the university. Any additions or changes in the information provided on this application must be submitted in writing to the Admissions Office prior to enrollment. I understand that my failure to provide complete, accurate and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment.

APPLICANT’S SIGNATURE ______________________________________ DATE __________________

Application must be signed and dated before we can render an admission decision. An incomplete application will be returned to you for completion, thereby delaying action on your application.

ADDITIONAL INFORMATION

For office use only:

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<th>Date Received</th>
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Dec. _______ Adm. Off. _______ Date __________ Ltr. _________________

Dec. _______ Adm. Off. _______ Date __________ Ltr. _________________

Notations:

The University of North Carolina at Asheville is committed to equality of educational experiences for students and is an Equal Opportunity Institution. Revised March 2015