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. Meet the following standards:
   • Minimum GPA of 3.60.
   • SAT Reasoning Test minimum score of 1150 on Math and Critical Reading or ACT with Writing Test minimum composite score of 25.

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 SAT Reasoning Test or ACT with Writing Test scores.
3. 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
OFFICE OF ADMISSIONS ▪ Application for Dual Enrollment

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
Social Security number ——— Voluntary, used for university record keeping.

Current mailing address
Street/P.O. Box City State Zip (9-digit) Valid until
Home phone Other phone E-mail

Permanent address
Street/P.O. Box City State Zip (9-digit) Valid until
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 _______________, ________________ County

I have been a resident from Begin date _______________ to End date _______________

Citizenship: [x] 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: [x] 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? [x] 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 Other 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

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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip (9-digit)</th>
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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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 PROPOSED UNC ASHEVILLE CLASS SCHEDULE

 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 ____________________________

High School 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**

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For office use only:

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<th>Date Received</th>
<th>Ret. Date Received</th>
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<tr>
<td>Appl. Fee</td>
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Reg. Rule ________

Class ________

Dec. ________ Adm. Off. ________ Date ________ Ltr. ________

Dec. ________ Adm. Off. ________ Date ________ Ltr. ________

Notations: ________________________________

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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