



AUGUSTANA UNIVERSITY

Dual Enrollment Course Registration Form

Augustana University encourages talented high school students to supplement their school curriculum with college course work. In addition to providing a challenging academic experience, the program allows high school juniors and seniors the opportunity to acquire college credit at a special scholarship rate. The courses most often taken by high school students include Calculus II, Intro to Government, General Psychology, and Western Civilization.

NOTE: Check with your high school counselor to ensure the college course(s) you select meet your high school graduation requirements and/or scholarship criteria. You are encouraged to determine the necessary procedures required by your high school before completing this form.

Eligibility Requirements

- Currently enrolled high school junior or senior
- Minimum cumulative grade point average of 3.5 as documented on a high school transcript
- Parental permission and signature
- High school principal or counselor signature

Procedure for Registration

- Complete the Course Registration Form and submit it either electronically or by mail to the Augustana Office of Admission.
- Request an official copy of your high school transcript and send it to the Augustana Office of Admission.
- Ready to register? Call the Office of Admission to arrange an appointment.
- **COURSE SELECTION IS BASED ON AVAILABILITY OF SPACE IN CLASS**

Questions? Contact Thomas Elness, Assistant Director of Admission, at 605.274.5507
or thomas.eliness@augie.edu

AUGUSTANA
UNIVERSITY

2001 SOUTH SUMMIT AVENUE
SIOUX FALLS, SOUTH DAKOTA 57197

Augustana University – Dual Enrollment Registration Form

Full Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street, PO Box and/or Rural Route)

Home Phone: _____
(City) (State) (Zip Code)

E-mail Address: _____

Date of Birth: ____/____/____ Place of Birth (city, state): _____

Social Security Number: _____ - _____ - _____ Gender: Male Female

High School: _____ Expected Graduation Date: _____

I am registering for class during:

Fall Spring Interim Summer of 20____ (Year)

Course Name & Number _____

Course Name & Number _____

Have you earned any previous credit from Augustana? Yes No

If Yes, When? _____

Have you applied or do you plan to apply for admission to Augustana? Yes No

Required Signatures

Student: _____

Parent/Guardian: _____

High School Counselor, Principal: _____ Date: ____/____/____

Office of Admission: _____ Date: ____/____/____

Approved: _____

For Office Use Only

Augustana ID Number: _____ Parking Pass Completed: _____

Augustana E-mail Address: _____

Augustana Password: _____