DRAKE UNIVERSITY POST SECONDARY ENROLLMENT OPTION APPLICATION

STUDENT INFORMATION

TERM _______________________

LAST NAME                  FIRST & MIDDLE NAME

STREET ADDRESS            CITY STATE ZIP

(______)____________________ (______)________________________

TELEPHONE                  TELEPHONE

HIGH SCHOOL                YR OF GRADUATION

E-MAIL ____________________ DRAKE ID NUMBER ______________________

MALE ______ FEMALE _______ DATE OF BIRTH ______/_____/_____

MONTH DAY YEAR

PARENT OR GUARDIAN INFORMATION

_______________________________________________ (______)____________________________

NAME TELEPHONE

POSSIBLE COURSE SELECTIONS

Students may take no more than two but should have at least four options in case classes are not available. Please rank order your choices.

1. __________________________________________________________________________________

2. __________________________________________________________________________________

3. __________________________________________________________________________________

4. __________________________________________________________________________________

STUDENT SIGNATURE __________________________ PARENT SIGNATURE __________________________

TO BE COMPLETED AND APPROVED BY HIGH SCHOOL COUNSELOR

The above named student has been approved to enroll in courses at Drake University during the following term:

FALL 20____ SPRING 20____ SUMMER 20____

This student has received approval to have course fees covered by the school district under the Postsecondary Enrollment Options Act:    YES________ NO_________

SIGNATURE OF HIGH SCHOOL COUNSELOR __________________________ DATE ______________

SCHOOL NAME

SCHOOL MAILING ADDRESS, CITY, ST, ZIP