For Office Use Only
Emp ID _____
IS OS _____
Staff Initial _____
Date _____

APPLICATION FOR DUAL ENROLLMENT

Please note: The form must accompany the Bethel College Application for Admission form.

1. Name: _____
   Prefix (Mr., Mrs., etc) First Full Middle Last Suffix (Jr. Sr., etc.

2. Social Security Number: _____ - _____ - _____

3. Emergency Contact Information: _____
   First Name Last Name Relationship Phone Number

4. Eligible for Military Benefits? No Yes Name of Program: _____

5. Family Education Background:

   Father's Highest Education Do not know Less than High School Attended High School Graduated
   Attended College Rec'd Associates Degree Rec'd Bachelor's Degree Rec'd Post-Bachelor's Degree

   Mother's Highest Education Do not know Less than High School Attended High School Graduated
   Attended College Rec'd Associates Degree Rec'd Bachelor's Degree Rec'd Post-Bachelor's Degree

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____
(If Student is under 18 years of age)

Information Needed from school currently attending:

Guidance Counselor's Signature: _____ Date: _____

_____
Printed

Name of High School: _____

Phone Number: _____ Email: _____

Bethel College is an interdenominational ministry which does not discriminate on the basis of disability, gender, race, color, national origin, or age in the administration of its educational policies, admissions policies or any school-administered program.