



# TAKOMA ACADEMY

## Application for Admission to the Dual Credit Enrollment Program with Washington Adventist University

School Year 20\_\_-20\_\_

This application is for (circle one): Fall/Spring Semester 20\_\_

Name (Last, First, Middle) \_\_\_\_\_ SSN (required) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Anticipated High School Graduation Date (month/year) \_\_\_\_\_ Grade Level \_\_\_\_\_

Have you ever enrolled in dual credits at WAU? \_\_\_Yes\_\_\_ No If yes, when? \_\_\_\_\_

If accepted into the Dual Credit Program, I give permission for the Registrar at Takoma Academy to request my unofficial transcript from WAU's Registrar's Office to be reported for dual credit purposes.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Course(s) student is registering for:

Course Title	Date & Time	Credits / \$ Amount Due
_____	_____	_____/_____
_____	_____	_____/_____
_____	_____	_____/_____
_____	_____	_____/_____

### For Business Office Use Only:

Registration Payment Received \_\_\_\_\_ (check if yes ONLY)

Check # \_\_\_\_\_ Cash Amount \_\_\_\_\_