



WHITWORTH
UNIVERSITY

Dual Enrollment Program Application

Name: _____

Mailing Address: _____

Cellphone: _____ Home Phone: _____

Email: _____

Social Security No.: _____ - _____ - _____ Citizenship (if not U.S.): _____

Birth Date: _____ / _____ / _____ Gender: Female _____ Male _____ Other _____

Are you Hispanic: Yes _____ No _____

Ethnicity: (check all that apply) American Indian/Alaskan Native _____ Asian _____

Black/African American _____ Native Hawaiian/Pacific Islander _____ White _____ Other: _____

High School: _____ Graduation Year: _____

High School Counselor: _____ Phone: _____

When do you plan to begin dual enrollment courses at Whitworth?

Fall Semester _____ Spring Semester _____ Year _____

What is your area of academic interest? _____

Student Signature: _____ Date: _____

Please contact the admissions office with any questions at 509.777.4786.