

Dual Enrollment Application for High School Students

This form must be completed and received by Cal State East Bay at least four weeks prior to your term of entry. Submit this form directly to Cal State East Bay's Office of Admissions at admissions@csueastbay.edu.

I am applying to participate in the Dual Enrollment Program.

The Dual Enrollment Program is limited to juniors and seniors who have achieved a minimum of 3.0 GPA and wish to take a course at Cal State East Bay that is not offered at their high school

My planned term of entry is: Fall Spring Year

Have you previously applied to or attended California State University, East Bay? Yes No

Your Legal Name

Last First Middle

Birthdate: Telephone: Email Address:

MM/DD/YYYY

Mailing Address:

Street City State/Province ZIP/Postal Code

Country: Gender:

Current Grade (Class) in high school: Anticipated year of high school graduation:

If you live in California, what is your county of residence?

If you live outside of California, what is your U.S. state or country of residence?

Courses to be taken (up to two courses not offered in your high school curriculum may be taken):

Subject Area and Number	4 Digit Course No.	Course Title	Units
Example: BIOL 101-01	1820	Introduction to Biology	3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the above information is correct, and that a written statement of parental / guardian approval is on file with my student records at my high school.

Applicant signature:

Date:

Prior to submitting this form to Cal State East Bay, please have high school officials complete the section below.

This page must be completed by hand and signed with wet signatures.

For completion by high school officials before form is submitted:

Name of Principal (Head of School) or Counselor:

Name of High School:

City

State/Province

ZIP/Postal Code

Telephone Number

Principal signature: _____

Date: _____

Comments on applicant:

For use by California State University, East Bay after form is submitted:

Applicant accommodated Applicant not accommodated

Evaluator signature: _____

Date: _____