



JUMP START DUAL CREDIT/EMPORIA HIGH CONCURRENT ENROLLMENT FORM

For any high school student taking ESU courses

ESU ID # _____ SSN # _____ Semester/Year _____

1. Legal Name: _____
PRINT Last First MI Maiden

2. Address: _____ 3. Phone (H) (_____) _____
No. and Street, Apt. # or RR or PO Box (C) (_____) _____

4. City: _____ State: _____ Zip Code: _____ County: _____

5. Email Address: _____ 6. Birth Date: _____

7. U.S Citizen Yes No 8. Have you lived in Kansas the last twelve months? Yes No
If no, State or Country of Residency _____

9. High School Name: _____ 10. Graduation Mo/Yr: _____

Please identify the course(s) for enrollment. Refer to Jump Start flyer for subject, course number & section letter.
Maximum number of credits hours per semester – 9 fall/spring

CRN	Subj.	Course #	Sect.	# Cr. Hrs	Course Title	Tuition Amt.

***PLEASE NOTE* - Composition I requires a minimum English score of 16 on the ACT. College Algebra requires a minimum Math score of 22 on the ACT.**

The statement below MUST be signed in order to process this form for credit enrollment.

- I certify that the information about my academic status is correct, and I understand that acceptance of my enrollment in this course does not constitute admission to a degree program at this institution.
- I understand that I will be billed electronically via Hornet 365 for tuition applicable to the credit hours enrolled.
- I promise and agree to pay Emporia State University the tuition amounts due, late payment fees, costs, and related expenses in collecting this debt, as allowed by law. Note: A notification of your billing statement will be sent to you via your student e-mail account with instructions about online payment options. If you opt to pay by credit card a 2.85% convenience fee will be added. You may also pay with cash or check made out to Emporia State University.
- I am aware that semester start dates vary at Emporia State University. I understand that if the amounts due are not paid by the **5th day of class**, a \$50 late fee will be added to my student account.
- If I choose to withdraw from ESU, I understand I will need to do so by calling Registration (620-341-5211) as soon as possible. I understand that I must withdraw from the course to receive a “W” rather than a letter grade on my ESU transcript.

Student Signature ***required** _____ Date: _____

Guardian Signature ***required** _____ Date _____

12. Questions regarding gender and race are optional, but are important in order to ensure equal educational opportunities.

Legal Sex (Sex at Birth): Male Female Not Available

Gender Designation: Male Female Transgender Male Transgender Female Gender non-conforming

Racial/Ethnic: White Black or African Am Hispanic 2 or more races
 Asian Am Indian/Alaskan Native Nonresident Alien List: _____