



APPLICATION FOR DUAL ENROLLMENT

Toll Free: 1.800.597.2687 | Local: 865.981.8092 | Maryville, Tennessee 37804-5907 | maryvillecollege.edu

To apply, the student must: Complete the Dual Enrollment Application. Submit a high school transcript. Have the high school principal and guidance counselor sign the application. and return all requested copies and forms to the Office of Admissions, Maryville College, Maryville, TN 37804-5907.

PERSONAL INFORMATION

Name _____
Last First Middle/Maiden Preferred
Address _____
Street County Social Security Number ____ - ____ - ____
City State Zip Code Home Phone () _____
Email _____ Birthdate ____/____/____ Alternate Phone () _____
date
Please check the appropriate space: ☐ Male ☐ Female ☐ Single ☐ Married Veteran? ☐ Yes ☐ No
U.S. Citizen? ☐ Yes ☐ No If no, Country of Citizenship _____ Country of Birth _____
Religious Affiliation/Denomination _____ Home Church _____ PCUSA? ☐ Yes ☐ No
Are you Hispanic? ☐ Yes, Hispanic or Latino (including Spain) ☐ No

Regardless of your answer to the prior question, please select one or more of the following that best describes you:

- ☐ American Indian/Alaskan Native (including all original Peoples of the Americas)
Enrolled? ☐ Yes ☐ No If yes, please enter Tribal Enrollment Number _____
☐ Asian (including Indian Subcontinent & Phillipines) ☐ Black/African American (including Africa & Caribbean)
☐ Native Hawaiian/Other Pacific Islander ☐ White (including Middle Eastern)

APPLICATION INFORMATION

What high school are you attending? _____
Address _____
When do you plan to enroll? Fall, 20____ Spring, 20____ Summer, 20____
Intended Major _____
Course(s) in which you intend to enroll _____
Do you plan to apply for the Tennessee Dual Enrollment Grant? ☐ Yes ☐ No If yes, please visit CollegePaysTN.com to download your application.
Do you plan to work towards a degree from Maryville College after completing high school? ☐ Yes ☐ No
Counselor signature/recommendation: _____
Principal signature/recommendation: _____

Every statement herein is correct to the best of my knowledge. I realize that misrepresentation of any statement may result in denial of admission or subsequent dismissal and forfeiture of all fees paid to Maryville College. I understand the applicant is responsible for presenting all materials to the Office of Admissions, Maryville College, Maryville, TN 37804-5907.

I hereby authorize the release of my transcript(s) by the high school and/or colleges listed above.

Signature of Applicant _____ Date _____

PLEASE NOTE: Maryville College does not discriminate on the basis of race, color, gender, ethnic or national origin, religion, sexual orientation, age, disability, or political beliefs in its admission procedures and educational programs. At Maryville College we respect your privacy. Any information you provide to us will be used solely for admissions purposes.

In response to the Student Right-to-Know Act, information regarding campus security as well as graduation and persistence rates may be obtained by contacting the Office of Admissions, Maryville College, Maryville, TN 37804-5907.