

Enrollment Date

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Term	Year		
\square Fall			
\square Spring			
□Summer			

1	Ethnic Origin (optional)		
Emmanuel	\square Asian	□Hispanic	
	□Black/African	☐Multi-racial	
JNIVERSITY	□ Caucasian	\square Other	
	U.S. Citizen □Yes □No		

DUAL ENROLLMENT APPLICATION

1. General Information			
Social Security #:	Date of Birth:	//	Gender: □M □F
Last Name	First Name	Middle	Preferred Name
Mailing Address	City	State Zip	County
E-mail address		Cell phone	
Enrollment Status: □Full-	time □Part-time Major:		
2. Parental Information			
Full Name(s)			
Mailing Address	City	State	Zip
Check One: □Parent □Le	egal Guardian Home Phone:	Cell: _	
3. High School Informat	ion		
Check One: □High School	ol □Home School Pro	ojected Graduation Date:	
High School	City	State	Zip
List any other colleges from whi for this application to be process	ich you have earned dual enrollment credit sed.	. Official transcripts must be sen	nt to Emmanuel in order
College		City, State	Dates Attended
College		City, State	Dates Attended
4. Emmanuel University How did you first hear abo	Information ut Emmanuel University?		
Please list the names & rela	ationship of others in your family w	ho attend(ed) Emmanuel.	

Name of church you attend	Denomination (IPHC,	Denomination (IPHC, Baptist, etc)		
Please select the type of church you attend: □ Assemblies of God □ Church of God □ International Pentecostal Holiness (IPHC) □ No Religious Affiliation	☐Baptist ☐Congregational Holiness ☐Presbyterian ☐Other:	□Catholic □Episcopalian □Non-denominational		
5. Meningococcal Notice Following is the State of Georgia legislation ostudents.	concerning meningitis information ar	nd vaccination for college		
 "Every public and nonpublic postsecondary educational student residing in campus housing as defined by the postudent is a minor, the following information: Meningococcal disease is a serious disease that and one in seven survivors of the disease is let paralysis, deafness, or seizures; Meningococcal disease is contagious but a lart the brain; Scientific evidence suggests that college stude contracting meningococcal disease; and Immunization against meningococcal disease The meningococcal meningitis vaccine is 85 to 100 per cause meningococcal meningitis and studies show that 	ostsecondary educational institution, or to that can lead to death within only a few hours fit with a severe disability, such as the loss of gely preventable infection of the spinal cord ents living in dormitory facilities are at a most will decrease the risk of the disease."	he student's parent or guardian if the of onset; one in ten cases is fatal; of a limb, mental retardation, d fluid and the fluid that surrounds oderately increased risk of common strains of the bacteria that		
c. A reasonable dress code is in place.d. Residency requirements must be foll	arollment to Emmanuel University depends derstand any falsification, misrepresentation y. It is the right to rescind admission if social meght to attention. It is promotional purposes. It is promotional purposes. It is promotional purposes. It is promotional that Emmanuel seeks to not the institution and the ideals of the admary procedures that apply when misconduct collment student, I will abide by the community in the student handbook, available for tobacco is prohibited. It tobacco is prohibited. It congruence with biblical teaching) is prohibited in the student handbook.	upon the accuracy of the a, or omission of facts will result in edia posts not consistent with the I give permission for my image to be I non-academic misconduct and is an to communicate Christian values and ministration, faculty, and staff. To this by a student is alleged to have nity life philosophy of Emmanuel for download online. Guidelines		
 5. I have read the law concerning meningococca Emmanuel University from liability should I b department OR I have received vaccination ag enrollment at Emmanuel University. 6. I hereby certify that all statements on this appl 	secome infected and choose to not receive variety meningococcal disease not more than	vaccination by a physician or health		
Signature of Applicant		Date		

Date

Signature of Parent or Legal Guardian