

# Dual Enrollment Application

MUW Office of Admissions  
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## Personal Information

Social Security No. \_\_\_\_\_

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current High School: \_\_\_\_\_ Grade in High School (year) \_\_\_\_\_

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## Requirements for Dual Enrollment

- Minimum overall 3.0 GPA on a 4.0 scale on all high school courses AND successful completion of 14 core high school units and/or high school junior status

OR

- Minimum overall 3.0 GPA on a 4.0 scale on all high school courses AND a minimum composite ACT score of 30 or higher

I hereby certify that to the best of my knowledge, all information furnished on this form is complete and accurate. I further understand these courses will be posted to an MUW transcript and grades for these courses will be applied to my permanent academic record.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor or Principal Signature \_\_\_\_\_ Date \_\_\_\_\_