



UNIVERSITY OF THE INCARNATE WORD
EARLY COLLEGE PROGRAM
 Dual Enrollment Application

Term Applying For Fall 20 ____ Spring 20 ____ Summer 20 ____

A. STUDENT INFORMATION

Legal Name _____ Date of Birth _____
 First Middle Last

Mailing Address _____ Student ID _____
 Street City State Zip Code

Cell Phone _____ Home Phone _____

Student Email _____ Religion _____ Male Female

Ethnicity Hispanic Non-Hispanic

Race *check all that apply* American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

B. RESIDENCY STATUS

US Citizen *Skip to section C* *Permanent Resident *Other- Type of VISA: _____

Country of Birth _____ Country of Citizenship _____

**Submit a copy of your Permanent Resident card or U. S. VISA, including your I-20 if you are an F-1/F-2 student, with this application.*

C. HIGH SCHOOL/HOMESCHOOL PROGRAM INFORMATION

High School/Program Attending _____ Expected Graduation Date _____
 Traditional high school Homeschool- Accredited by: _____

Mailing Address _____
 Street City State Zip Code

Name of Counselor/Official _____ Phone _____

Intended College Major _____

D. FAMILY INFORMATION

Name of Parent/Guardian _____ Emergency Contact: Yes No

Address _____
 Street City State Zip Code

Contact Phone _____ Cell Work Home Email _____

Parent 2/Additional Contact _____

Contact Phone _____ Relationship _____

By submitting this application, I certify that I am aware that I will provide proof that I have received the meningitis vaccination required by law before I am allowed to be registered for an in-person class.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

By submitting this application, I certify that I am seeking to enroll at the University of the Incarnate Word and that the information which I have given on this page is complete and true to the best of my knowledge. I agree that I shall comply with all the rules and regulations of the University which may be in effect, or which shall be put into effect while I am a student.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Submit via mail/email to: Robin Rodriguez, Early College Coordinator
 University of the Incarnate Word • 4301 Broadway, CPO 285 • San Antonio, TX 78209
rrodri6@uiwtx.edu (210) 829-3180