



DUAL ADMISSION

Personal Information

Full Legal Name: _____
First Middle Last Former Name (if applicable)

Home Address: _____
Box, Apt., or Street Number and Name City State Zip

Date of Birth: ____/____/____ Gender: _____
Month Day Year

Primary Telephone: _____ Email Address: _____
Area Code Number

Are you a citizen or permanent resident of the United States? Yes No

If no, what is the country of your citizenship? _____ Visa Type: _____

What is the country of your birth? _____ Visa No.: _____

Do you serve or have you ever served as a member of the U.S. Armed Forces? Yes No

Years in Service? _____ Branch: _____

Will you be utilizing Military benefits to cover education costs? Yes No

Enrollment Plans

When do you wish to begin your studies at SNHU? Fall 20 ____ Spring 20 ____

How do you plan to take your classes at SNHU? (choose only one): Day Evening and/or Online

If taking day classes, what is your housing preference? SNHU Residence Halls Commuting
(Housing is not available for Evening/Online students)

Will you pursue your studies on a: Full-time basis Part-time basis (less than 12 credits per semester for day or 6 credits for evening)

Please indicate the major that you wish to pursue: _____

Not all majors are offered in both the day and evening/online program. Please refer to www.snhu.edu to determine the availability of the major you wish to pursue.

Disclaimer: If a student has a history of academic, disciplinary and/or legal infractions, Southern New Hampshire University reserves the right to revoke an admission decision.

Certification

Return this form to the **Registrar's Office** with the following requirements and sign below.

Lakes Region Community College (LRCC) and Southern New Hampshire University (SNHU) give all students, regardless of race, color, national origin, religion, sex, gender identity, physical or mental disability, ancestry, sexual orientation, citizenship, status as a covered veteran, or any other legally-protected status, equal opportunity for admission and a quality education. By signing this Dual Enrollment Application, I authorize LRCC to share my student records, including my transcript and grades, and other information about me with Southern New Hampshire University. Southern New Hampshire University and LRCC agree to abide by the Family Educational Rights and Privacy Act ("FERPA") as applied to the information shared under this agreement. By signing this Dual Enrollment Application, I agree to abide by all conditions of the dual admission process between Southern New Hampshire University and LRCC.

Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY. DO NOT WRITE IN THIS BLOCK

Community College Authorization

Print Name

Title

Signature

Date