



# 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](http://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