

DRAKE UNIVERSITY POST SECONDARY ENROLLMENT OPTION APPLICATION

STUDENT INFORMATION

TERM _____

LAST NAME FIRST & MIDDLE NAME_____
STREET ADDRESS CITY STATE ZIP(_____) _____
TELEPHONE HIGH SCHOOL YR OF GRADUATIONE-MAIL _____ DRAKE ID NUMBER _____
(IF APPLICABLE)MALE _____ FEMALE _____ DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

PARENT OR GUARDIAN INFORMATION

NAME (_____) TELEPHONE

POSSIBLE COURSE SELECTIONS

Students may take no more than two but should have at least four options in case classes are not available. Please rank order your choices.

1. _____
2. _____
3. _____
4. _____

STUDENT SIGNATURE PARENT SIGNATURE

TO BE COMPLETED AND APPROVED BY HIGH SCHOOL COUNSELOR

The above named student has been approved to enroll in courses at Drake University during the following term:
FALL 20____ SPRING 20____ SUMMER 20____

This student has received approval to have course fees covered by the school district under the Postsecondary Enrollment Options Act: YES _____ NO _____

SIGNATURE OF HIGH SCHOOL COUNSELOR DATE_____
SCHOOL NAME_____
SCHOOL MAILING ADDRESS, CITY, ST, ZIP