

# Application for Concurrent Enrollment Ohio Wesleyan University

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Last Name First Name MI

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
Last Name First Name

Home Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip Code

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

High School: \_\_\_\_\_ School District: \_\_\_\_\_

High School Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip Code

Counselor: \_\_\_\_\_  
Last Name First Name MI

Principal: \_\_\_\_\_  
Last Name First Name MI

Expected High School Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Current High School Class: Sophomore  Junior  Senior

Term for which Admission is requested (check one): Fall (Due 6/15)  Spring (Due 12/1)

Intended College Major: \_\_\_\_\_

Check here if undecided:

**(OVER)**

Include below or attach a 300-word essay explaining why you wish to participate in the Concurrent Enrollment Option at Ohio Wesleyan, indicating the area or areas in which you hope to take courses. Please be certain to put your name on your essay.

We understand the conditions under which this student is applying for Concurrent Enrollment at Ohio Wesleyan University.

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Students Signature

Date

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Parent or Guardian Signature

Date

**Ohio Wesleyan University**  
**Admission Office**  
**61 S. Sandusky St.**  
**Delaware, OH 43015**