

# THE CEDARVILLE ACADEMY

## Short Application – Spring 2009

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ E-mail address \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Anticipated high school graduation date \_\_\_\_\_

I plan to take The Cedarville Academy course for  Dual enrollment: both high school and college credit  College credit only

### Spring 2009 Course Selection

Number of courses desired:  1  2 (Academy students may register for up to two courses per academic year.)

From the following course options, please rank your selections from 1-4 (1 = first choice; 2 = second choice, etc.)

- \_\_\_\_\_ ANTH-1800 – Cultural Anthropology (3 credit hours)
- \_\_\_\_\_ GMTH-1010 – Introduction to Mathematics (3 credit hours) *Requires 19 ACT Math or 500 SAT Math score.*
- \_\_\_\_\_ GMTH-1030 – Precalculus (4 credit hours) *Requires 19 ACT Math or 500 SAT Math score.*
- \_\_\_\_\_ GSCI-1010 – Principles of Earth Science (3.5 credit hours)
- \_\_\_\_\_ GSS-1100 – Politics and American Culture (3 credit hours)
- \_\_\_\_\_ HIST-1120 – U.S. History II (3 credit hours)
- \_\_\_\_\_ HUM-1400 – Introduction to Humanities (3 credit hours)
- \_\_\_\_\_ LIT-2340 – Western Literature (3 credit hours)

### Signatures

To be signed by the student:

*I have been advised and understand all the options available to me under The Cedarville Academy program. I understand that all grades earned and courses taken at Cedarville University will become part of my permanent academic records which are maintained by the university. I also understand that my course and grade records can be released to my high school at the conclusion of each term that I am enrolled.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be signed by your parent/legal guardian:

*I understand all the options available to my student under Cedarville University's dual enrollment program. I further understand my financial obligation should my child withdraw or stop attending any class.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be signed & completed by your counselor or principal:

*I have fully advised this student and his or her parents of all the available options and ramifications involved with dual enrollment programs. It is my opinion that this student has the academic background and maturity necessary to complete college-level course work.*

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

School phone number \_\_\_\_\_

Return this completed form by December 1, 2008 to Cedarville University Admissions Office, 251 N. Main St., Cedarville, OH 45314.