

## ESU JUMP START DUAL CREDIT ENROLLMENT FORM

For Emporia High School Students taking ESU courses at EHS

	•	ESU I	D #	S	SN #			
	ame*:	Last		First		MI.	Maiden	
2. Address	s: No. an	d Street.	Apt. # or RR (	or PO Box		3. Phone	e* (H) ()_	
. City:				State:				
. Email A	ddress*:					6	. Birth Date: _	
. Are you	a U.S Citize	en? 🗌 Ye	es 🗌 No	8. Have you lived If no, State or	I in Kansas for Country of Res			Yes No
			d Trimester ver trimester –	(Nov) 3 <sup>rd</sup>	Trimester (F	eb)	9. Graduation	n Mo/Yr:
Subj.	Course #	Sect.	# Cr. Hrs		Course Titl	e		Tuition Amt.
Aath scor	e of 22 on t	he ACT.	Please provide	minimum English e a copy of your AC tions about other sc	CT score with y	our enrolln	nent form to ve	erify the prerequisit
• I u		nat by sign	ing this form	r to process this for I am enrolling in a				

- I agree to pay Emporia State University the tuition amounts due, late payment fees, costs, and related expenses. Note: A notification of your billing statement will be sent to you via your Buzz-In email account with instructions about online payment options. If you opt to pay by credit card a 2.75% convenience fee will be added.
- I am aware that EHS's trimester schedule varies from ESU's semester schedule. I understand that if the amounts due are not paid by the 5th day of class, a \$50 late fee will be added to my student account.
- I understand that I have until the 10th day of class to drop the course. I will need to do so by calling ESU Registration (620-341-5211). This means I will get a refund and no grade on my transcript.
- If I choose to withdraw, I will need to do so by calling ESU Registration by the 7th week of class. I understand that I will receive a "W" rather than a letter grade on my ESU transcript, and will not receive a refund for my tuition costs.

Student Signature*	Date	
Guardian Signature*	Date	
Guardian Print*	Guardian Email	

**Submit to: Emporia State Admissions** Campus Box 4034 1 Kellogg Circle Emporia, KS 66801

For questions please contact: go2esu@emporia.edu