



An online application and payment of application fee is required before submitting this form.

EARLY ADMISSIONS PROGRAM

APPROVAL FORM

REQUIREMENTS: To qualify for the Southeastern Early Admissions program, high school students must meet **ALL** of the following criteria:

- ACT Composite of 25 or higher
- GPA of a 3.0 or better during six semester of high school
- Recommendation by high school principal

NAME:

FIRST MI LAST

MAILING ADDRESS:

STREET

CITY STATE ZIP

CONTACT NUMBERS:

HOME CELL OTHER

E-MAIL ADDRESS: _____

BIRTHDAY: MONTH DAY YEAR

NAME OF HIGH SCHOOL: _____ **CITY:** _____

GPA:
(3.0 OR HIGHER REQUIRED)

ACT Composite:
(25 OR HIGHER REQUIRED)

PROJECTED YEAR OF GRADUATION:

I AM INTERESTED IN THE SOUTHEASTERN EARLY ADMISSIONS PROGRAM AND WISH TO ENROLL FOR THE: SUMMER SPRING FALL SEMESTER IN THE YEAR _____.
(PLEASE CHECK ONE BOX FOR THE SEMESTER YOU WILL ATTEND)

STUDENT'S SIGNATURE DATE

HIGH SCHOOL PRINCIPAL'S SIGNATURE OF RECOMMENDATION DATE

PARENT/GUARDIAN'S SIGNATURE DATE

UNIV. ADMISSIONS OFFICIAL DATE

