

# ENROLLMENT AUTHORIZATION FORM

**Mail to:** WVU Potomac State College – 75 Arnold Street, Keyser, WV 26726, **Email to:** go2psc@mail.wvu.edu

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Date of Birth:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**High School:** \_\_\_\_\_

**Course Information:** \_\_\_\_\_  
(CRN) (Course Title) (Course Number)

\_\_\_\_\_  
(CRN) (Course Title) (Course Number)

\_\_\_\_\_  
(CRN) (Course Title) (Course Number)

On Campus  Online  Dual-Credit

**Semester:**  Summer 2025  Fall 2025  Spring 2025

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## Student Responsibility

**I understand that if for any reason I cannot attend the course(s) listed, above I MUST notify WVU Potomac State College and my high school guidance counselor by the first week of classes.**

*I affirm that the information I have provided on this application form and all other admissions materials is complete, accurate, and true to the best of my knowledge. Omitting or providing false information can lead to non-acceptance, the nullification of WVU credit, and/or dismissal.*

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

## School Counselor/Principal Permission

- The above-mentioned student has my permission to enroll in the course(s) listed above at WVU Potomac State College.

\_\_\_\_\_  
School Official Signature Date

## Parent/Guardian Permission

Coursework taken by students in the HS ACCESS Program becomes part of their academic history at WVU Potomac State College. Course credits are permanent college credit. Tuition for the courses in which the student enrolls must be paid. I have read the above information and I am aware of the responsibilities. I give my child permission to enroll as a HS ACCESS participant at WVU Potomac State College for a full academic year.

\_\_\_\_\_  
Parent/Guardian Signature Date Parent/Guardian Email