

ENROLLMENT AUTHORIZATION FORM

Mail to: WVU Potomac State College – 75 Arnold Street, Keyser, WV 26726, **Fax to:** (304) 788-6939, **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)

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On Campus Online Dual-Credit

Semester: Summer 2024 Fall 2024 Spring 2024

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