



CONCURRENT ENROLLMENT PROGRAM Application for Admission

Complete your portion of the CEP application first. Then give the application to your guidance counselor to complete his/her portion of the application.

Student Information:

Name _____ Male ___ Female ___
Last First Middle Initial

Permanent home address _____ Date of Birth ___ / ___ / ___

_____ Social Security # _____

Permanent home phone _____ Cell phone _____

Email address _____ @ _____

Emergency Contact #1 _____ Relationship _____

Phones: Day _____ Evening _____ Cell _____

Emergency Contact #2 _____ Relationship _____

Phones: Day _____ Evening _____ Cell _____

High School _____ Expected year of graduation _____

Guidance Counselor: _____ Phone # _____

Course Information:

1st choice course _____ Semester: Fall ___ Spring ___ Summer ___

2nd choice course _____ Semester: Fall ___ Spring ___ Summer ___

Signature:

My signature below indicates that all information in my application is complete, factually correct and honestly presented.

Applicant's signature: _____ Date ___ / ___ / ___

Counselor Information:

Name _____ Title _____
Last First Middle Initial

High School _____ Phone # _____

Email address _____@_____

Student Information:

Student's cumulative GPA _____ weighted ___ unweighted ___ Rank in class ___ out of ___

I endorse this student for Albright's CEP Program: Enthusiastically ___ Moderately ___ Unenthusiastically ___

I have discussed with this student his/her schedule, his/her available transportation and travel time. I certify that the CEP will not interfere with his/her high curriculum or extracurricular commitments. Yes ___ No ___

Counselor's signature: _____ Date ___ / ___ / ___

Thank you for your assistance! Please mail this application and the following items:

- An official high school transcript and, if available, the student's SAT, ACT and/or PSAT scores; and
- The student's high school schedule for the term of his/her proposed concurrent enrollment
- In a high school envelope to: **Albright College Admission Office**
PO Box 15234
Reading, PA 19612-5234



(800) 252-1856 * (610) 921-7512