Admission Requirements for Part-time Special High School Students Applying to
Millersville University through the HSCE Dual Admission Program

GUIDE FOR STUDENTS
SPRING 2016

Millersville University offers a special early entry program for talented high school students who wish to enroll
part-time into a Millersville University course as they complete their junior or senior year in high school. To be
admitted into the early entry program students must fulfill the following requirements:

October 7, 2015   SPRING 2016 class schedules are available online at www.millersville.edu/~registrar.

November 16, 2015 Due date to return the following completed and signed forms to your high school
guidance counselor:
• Application for Part-time Non-Degree Undergraduate Enrollment
• Dual High School Student Enrollment Request Form
• Transcript Request Form

Estimated costs for Spring 2016:
Millersville is pleased to announce a new reduced tuition rate for students attending our partner schools:
$141.00 per credit plus $19 tech fee per credit ($480 total per 3-credit course)

Admissions Guidelines for Students

1. Students should have exhausted all or most of the academically challenging course work offered by their
high school.

2. All course placements are subject to seat availability. Matriculated current Millersville students will
receive priority.

3. Application for Part-time Non-Degree Undergraduate Enrollment
The student must file this special admission application form. There is no fee charged to file this
application.

4. Dual High School Student Enrollment Request Form
The student must complete the Request for Special High School Student Enrollment Form. This
form requires the student to precisely identify three courses in priority order in which they wish to
enroll, including the CRN and Section numbers. The form also requires signatures from the
following persons: (1) the student’s parent or guardian, and (2) their high school principal

   a. NOTE: The Admissions Office coordinator at Millersville will contact the appropriate
   Millersville Dean/Associate Dean for his or her signature to complete the form.

   b. When all of the student’s application materials have been completed and submitted by the
   established deadline and their application has been approved by our Office of Admissions,
   the high school student will be placed in an open section of a class. If admissible,
   Millersville guarantees placement in one of those three courses. Students wishing to take
   more than one course are asked to wait until the drop/add period before enrolling in
   additional courses and will need to use our existing drop/add process.
5. **Submitting Application Forms**
   Once the signatures (see #4 above) have been obtained and the Application and Enrollment forms are complete, the high school Guidance Office will submit the forms to the Admissions Office at Millersville University.

6. **Transcripts**
   Students must present an official high school transcript that documents excellent academic performance freshman through junior year. Specifically, the student must have acceptable grades in all core subjects (no D’s or F’s) and an overall core subject average of 3.0 (B) or higher. The official high school transcript must be sent directly from the high school to the Millersville University Admissions Office.

7. **Standardized Test Scores**
   Students are required to submit standardized test scores. Acceptable tests are the ACT, SAT, PLAN, or PSAT. A score equivalent to a 1050 (combined Critical Reading and Math) on the SAT or a composite score on the ACT of 23 or higher is the expectation.

8. **Placement Testing**
   Placement testing is required for all students who have an interest in taking a course in any of the following subject areas:
   a. **Foreign Language**:
      Students must contact Dr. Susan Nimmrichter in the Foreign Languages Department at 717-871-7154 to arrange for placement testing.
   b. **Mathematics**:
      Students must contact Dr. Delray Schultz in the Mathematics Department at 717-871-7668 to arrange for placement testing.

9. **Transcript Request Form**
   In order for students’ grades to be released by mail to your school district, the student must complete, sign, and return the Transcript Request Form. A new form must be submitted each semester the student is enrolled at Millersville University. It is the student’s responsibility to ensure that this form is completed and submitted to Millersville along with their application so that final grades can be sent to the student’s high school.

10. **E-Bills**
    Millersville no longer sends bills to students via the US Mail. All bills are posted online on students’ MAX accounts. Fall bills will be posted during the third week of July with the due date falling within the first full week of August. More information can be found on the Bursar’s web site: [http://www.millersville.edu/bursar/](http://www.millersville.edu/bursar/)

11. Students who are denied admission for whatever reason will be formally notified of their denial and the reason for the denial by Millersville University’s Admissions Office.

12. **Contact Information**
    Students are asked to contact their high school guidance counselor with any questions, or for assistance applying to Millersville University’s dual enrollment program or enrolling in courses at Millersville University.
APPLICATION FOR PART-TIME NON-DEGREE UNDERGRADUATE ENROLLMENT

Please return this completed form to:
Admissions Office
Millersville University
P.O. Box 1002
Millersville, PA 17551

For further information visit our website at
www.millersville.edu, email us at
admissions@millersville.edu, Fax us at
717-871-2147 or call 717-871-4625

Social Security Number _____-____-_______ Pennsylvania Resident: Yes ☐ No ☐ If yes, how long:________

Are you a U.S. Citizen? Yes ☐ No ☐ If you checked "NO" please indicate your country of Citizenship: _____________________

Visa classification (if known) or Resident Alien # ____________

Name __________________________________________________________________________________
Last Name First MI

Address ________________________________________________________________________________
Number and Street
________________________________________________________________________________
City Country State Zip Code

Date of Birth _______________________________

Home Telephone Number ________________________ Work Telephone Number ________________________
Area Code Area Code

Email Address ____________________________________________________________________________

High School Attended ____________________________________ Year of Graduation __________

Most recent college(s) attended ____________________________________ Dates Attended _____________

Date on which you expect to enter Millersville University (Please check one)
Year 20____ Fall_____ Winter_____ Spring _____ Summer 1 _____ Summer 2 _____ Summer 3 _____

In which program do you wish to enroll?

_____ 1. Continuing Education
_____ 2. Transient
X 3. Special High School Student

Supplemental Information
Completion of this section is voluntary. The purpose of this information is to submit reports to governmental compliance agencies and for university administrative data collections. This information will not affect the admissions decision.

Racial/Ethnic Identity: ☐1 Black (non-Hispanic origin) ☐3 Asian or Pacific Islander ☐5 White (non-Hispanic origin)
☐2 American Indian or Alaskan ☐4 Hispanic

Sex: ☐Male ☐Female Foreign Student: ☐Yes ☐No Veteran: ☐Yes ☐No
MILLERSVILLE UNIVERSITY
DUAL HIGH SCHOOL STUDENT ENROLLMENT REQUEST FORM
SPRING 2016

Note: All signatures are required prior to submission (except MU Dean and MU Admission Officer)

Name of School District:

If Home Schooled, list name of School District in which student resides.

Student Name: ____________________________ Social Security #: ____________________________

Home Phone #: ____________________________ Cell #: ____________________________ Email: ____________________________

Courses Requested in Order of Preference:

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<tr>
<th>1st Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRN</td>
</tr>
<tr>
<td>Signature of High School Department Chair/Coordinator</td>
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</tbody>
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<tr>
<th>2nd Choice</th>
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<tbody>
<tr>
<td>CRN</td>
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<tr>
<td>Signature of High School Department Chair/Coordinator</td>
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<tr>
<th>3rd Choice</th>
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</thead>
<tbody>
<tr>
<td>CRN</td>
</tr>
<tr>
<td>Signature of High School Department Chair/Coordinator</td>
</tr>
</tbody>
</table>

Parental Approval: I give permission for my son or daughter to take one or more of the above courses at MU.

Signature of Parent | Date Signed

Principal Notification and Approval: I support the student’s plan to enroll in one of the courses above.

Signature of High School Principal | Date Signed

Note: Applicants must have earned satisfactory scores on the SAT I or ACT examination. Applicants must submit an official high school record that demonstrates strong performance in college prep course work.

Please send this completed, signed form, along with all other required related forms and information to:
MILLERSVILLE UNIVERSITY, ADMISSIONS OFFICE, P.O. BOX 1002, MILLERSVILLE, PA, 17551-0302

FOR MILLERSVILLE OFFICE USE ONLY:

Millersville School Dean Approval: I approve this student’s enrollment in the course circled above.

Signature of Millersville University Dean/Assoc Dean | Date Signed

Millersville Admissions Office Approval: I approve this student’s enrollment in the course circled above.

Signature of Millersville University Admissions Officer | Date Signed
TRANSCRIPTS TO BE MAILED
PLEASE PRINT ALL REQUESTED INFORMATION

Name (Last, First, MI) ___________________________ Student ID (or SSN) ___________________________

Maiden or other name(s) under which records may exist _____________________________________________________________________________________

Currently enrolled at MU? _____ Yes _____ No If no, date last attended: __________________________

Did you graduate from MU? _____ Yes _____ No If yes, date: __________________________

MAIL TRANSCRIPTS

_____ Immediately OR _____ After one of the following: 

_X_ After posting grades for: (check one) _____ Fall _____ Winter _____ Spring

                   _____ First Summer _____ Second Summer _____ Third Summer

_____ After posting degree for: (check one) _____ Fall _____ Winter _____ Spring

                   _____ First Summer _____ Second Summer _____ Third Summer

Mail _____ # copy(ies) to:

_X_ Special Request (in signed, sealed envelope) OR _____ Special Request (in signed, sealed envelope)

Address 1 (Insert HS Guidance Address) ___________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Address 2 (include addressee and full address) ___________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Student Written Signature (required) ___________________________ Date ___________________________

THERE IS NO TRANSCRIPT FEE. PLEASE ALLOW 3 - 5 BUSINESS DAYS FOR PROCESSING.