EKU Now! Application Form

Eastern Kentucky University

EKU Now! Administrative Office
202 Perkins Building
Eastern Kentucky University
521 Lancaster Avenue
Richmond, KY 40475-3102
859-622-6532 dualcredit@eku.edu

Deadlines:

Fall: June 1

Spring: November 1

DO NOT WRITE IN THIS AREA
Date _____ Date _____
AdmTyp _____ StuTy _____
Decision _____
Reviewed by _____
Semester _____
EKU ID No. _____

1. NAME _____
   LAST FIRST MIDDLE

2. SOC. SEC. NO. _____ – _____ – _____ (optional) [NOTE: omitting your Social Security Number may delay the processing of your Financial Aid.]

3. OTHER NAMES UNDER WHICH RECORDS MAY BE LISTED _____

4. PERMANENT ADDRESS

   _____
   STREET ADDRESS CITY STATE ZIP CODE

   _____
   COUNTY TELEPHONE

5. CURRENT MAILING ADDRESS, IF DIFFERENT FROM ABOVE

   _____
   STREET ADDRESS CITY STATE ZIP CODE

   _____
   COUNTY TELEPHONE

6. GENDER ❑ MALE ❑ FEMALE

7. DATE OF BIRTH _____ E-MAIL ADDRESS: _____
   MONTH DAY YEAR

8. ETHNIC GROUP (THIS INFORMATION ABOUT PREDOMINANT ETHNIC BACKGROUND IS REQUIRED IN ORDER THAT EKU MAY DEMONSTRATE TO THE U.S. DEPARTMENT OF EDUCATION ITS COMPLIANCE WITH TITLE VI OF THE 1964 CIVIL RIGHTS ACT. THIS INFORMATION IS USED FOR STATISTICAL PURPOSES ONLY.)

   ❑ 1. WHITE (NON-HISPANIC) ❑ 2. BLACK (NON-HISPANIC) ❑ 3. ASIAN or PACIFIC ISLANDER

   ❑ 4. HISPANIC ❑ 5. AMERICAN INDIAN or ALASKAN ❑ 6. OTHER (please specify) _____

9. CITIZEN OF ❑ 1. U.S. ❑ 2. OTHER (PLEASE SPECIFY COUNTRY, TYPE OF VISA, DATE VISA EXPIRES _____

10. DURING WHICH SEMESTER DO YOU PLAN TO ATTEND EKU?

    YEAR _____ ❑ 1. FALL (AUGUST) ❑ 2. SPRING (JANUARY)

11. WHERE WILL YOU BE TAKING CLASSES?

    ❑ 1. RICHMOND ❑ 2. CORBIN ❑ 3. DANVILLE ❑ 4. MANCHESTER ❑ 5. OTHER (PLEASE SPECIFY) _____

12. HIGH (OR) HOME SCHOOL _____

    _____
    STREET ADDRESS CITY STATE ZIP CODE

    _____
    COUNTY TELEPHONE

13. YOUR CLASS STANDING WHEN ENROLLED IN THIS CLASS: ❑ JUNIOR ❑ SENIOR WILL GRADUATE MONTH____ YEAR____

14. I UNDERSTAND THAT WITHHOLDING INFORMATION ON THIS APPLICATION OR GIVING FALSE INFORMATION WILL MAKE ME INELIGIBLE FOR ADMISSION. WITH THIS IN MIND, I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE.

    _____ _____
    SIGNATURE (MUST BE SIGNED; DO NOT PRINT) DATE

15. I CERTIFY THAT THE ABOVE STUDENT MEETS THE FOLLOWING EKU Now! PROGRAM REQUIREMENTS:
    _____MINIMUM HIGH SCHOOL GPA OF 3.0
    _____MINIMUM ACT SCORES (Composite 21, English 18, Math 19, Reading 20) OR
    _____STUDENT IS SCHEDULED TO TAKE THE ACT PRIOR TO THE CURRENT APPLICATION DEADLINE.

    _____ _____
    HIGH SCHOOL GUIDANCE COUNCELOR OR PRINCIPAL DATE