

# Application for Enrollment

## Fort Wayne Higher Educational Consortium

**Student ID # (If not SSN):** \_\_\_\_\_ **SSN:** \_\_\_ - \_\_\_ - \_\_\_\_\_

**Name :** \_\_\_\_\_  
Last      First      Middle      (Maiden or other former name)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Local Address** \_\_\_\_\_

**Local Telephone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**High School** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name      City      State

**Graduation Date** \_\_\_/\_\_\_/\_\_\_ **Class rank** \_\_\_/\_\_\_ **GPA** \_\_\_\_\_

<b>Student's home institution</b>	<b>Host Institution (where course will be taken)</b>
<input type="checkbox"/> Huntington University	<input type="checkbox"/> Huntington University
<input type="checkbox"/> Indiana Inst of Technology	<input type="checkbox"/> Indiana Inst of Technology
<input type="checkbox"/> IPFW	<input type="checkbox"/> IPFW
<input type="checkbox"/> Ivy Tech Community College, Fort Wayne	<input type="checkbox"/> Ivy Tech Community College, Fort Wayne
<input type="checkbox"/> Manchester College	<input type="checkbox"/> Manchester College
<input type="checkbox"/> Trine University, Main Campus	<input type="checkbox"/> Trine University, Main Campus
<input type="checkbox"/> Trine University, Fort Wayne Campus	<input type="checkbox"/> Trine University, Fort Wayne Campus
<input type="checkbox"/> University of Saint Francis	<input type="checkbox"/> University of Saint Francis

Session/ Year	Dept	Course #	Secion #	Hrs	Course Title	Equivalent to:
___ Fall						
___ Spring						
___ Year						_____ At home institution

Have you ever attended this host institution? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_  
Term and year

**Certification Statement:**  
 I affirm that I am the above named student. In compliance with Public Law 93-380, Family Education Rights and Privacy Act of 1974 (as amended), I hereby give my written consent and authorize the Host and Home Institutions to exchange my student information and academic record as needed by either partner in connection with this request.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Advisor's or Registrar's Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

*After completing this form, return it to the Registrar's Office of your home institution for processing*