



EARLY COLLEGE PROGRAM

HIGH SCHOOL PERMISSION FORM

Must be completed for each semester the student plans to enroll.

STUDENT INFORMATION

_____ has our permission to enroll as a high school student

STUDENT NAME

at **Westminster College** for the *FALL* *SPRING* *SUMMER* semester of _____.

(CIRCLE ONE)

YEAR

Please attach a copy of the student's current high school transcript when submitting this form.

APPROVAL

We agree to abide by the college and high school regulations pertaining to this program.

Signed:

PARENT / GUARDIAN

DATE

SCHOOL COUNSELOR / ADMINSTRATOR

TITLE

DATE

HIGH SCHOOL

QUESTIONS?

Contact Us:

Westminster College Admissions Office

Phone: 724-946-7100

Email: admissions@westminster.edu

Westminster College

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New Wilmington, PA 16172-6337