



**UNIVERSITY OF THE INCARNATE WORD**  
**EARLY COLLEGE PROGRAM**  
 Dual Enrollment Application

Term Applying For  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_  Summer 20 \_\_\_\_

**A. STUDENT INFORMATION**

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 First Middle Last

Mailing Address \_\_\_\_\_ Student ID \_\_\_\_\_  
 Street City State Zip Code

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Student Email \_\_\_\_\_ Religion \_\_\_\_\_  Male  Female

Ethnicity  Hispanic  Non-Hispanic

Race *check all that apply*  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White

**B. RESIDENCY STATUS**

US Citizen *Skip to section C*  \*Permanent Resident  \*Other- Type of VISA: \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

*\*Submit a copy of your Permanent Resident card or U. S. VISA, including your I-20 if you are an F-1/F-2 student, with this application.*

**C. HIGH SCHOOL/HOMESCHOOL PROGRAM INFORMATION**

High School/Program Attending \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_  
 Traditional high school  Homeschool- Accredited by: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Street City State Zip Code

Name of Counselor/Official \_\_\_\_\_ Phone \_\_\_\_\_

Intended College Major \_\_\_\_\_

**D. FAMILY INFORMATION**

Name of Parent/Guardian \_\_\_\_\_ Emergency Contact:  Yes  No

Address \_\_\_\_\_  
 Street City State Zip Code

Contact Phone \_\_\_\_\_  Cell  Work  Home Email \_\_\_\_\_

Parent 2/Additional Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**By submitting this application, I certify that I am aware that I will provide proof that I have received the meningitis vaccination required by law before I am allowed to be registered for an in-person class.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**By submitting this application, I certify that I am seeking to enroll at the University of the Incarnate Word and that the information which I have given on this page is complete and true to the best of my knowledge. I agree that I shall comply with all the rules and regulations of the University which may be in effect, or which shall be put into effect while I am a student.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit via mail/email to: Patricia L. Ramirez, Director of Brainpower Connection Programs**  
 University of the Incarnate Word • 4301 Broadway, CPO 312 • San Antonio, TX 78209  
[plramire@uiwtx.edu](mailto:plramire@uiwtx.edu) (210) 283-6300