

POST SECONDARY ENROLLMENT OPTION PROGRAM APPLICATION FOR ADMISSION

PERSONAL DATA

HAVE YOU PREVIOUSLY BEEN ACCEPTED INTO THE PSEOP AT ASHLAND
UNIVERSITY? YES NO

Last Name _____ First Name _____ MI _____

Address _____

Email Address _____

City _____ State _____ Zip _____

County _____ Phone () _____

Sex: Male Female Birth Date ____/____/____ Social Security No. _____

Ethnic or Racial Background: (optional)

Caucasian American Indian Hispanic

Black Oriental Foreign

Applying for: ____ Fall 20 ____ ____ Spring 20 ____

SECONDARY SCHOOL INFORMATION

High School Name _____ Year of Graduation _____

Address _____

City _____ State _____ Zip _____

Guidance Counselor _____

Phone() _____ Email _____

AUTHORIZATION

Parent or guardian H.S. Counselor

Under the provisions of the Family Education Rights and Privacy Act of 1974, I authorize the Ashland University Registrar to release a transcript(s) of my academic record to my above listed high school.

Student

Date