



WESLEY COLLEGE
OFFICE OF ACADEMIC AFFAIRS
120 NORTH STATE STREET
DOVER, DELAWARE 19901-3875
(302) 736-2439

DUAL ENROLLMENT APPLICATION. – MOT Charter High School Students ONLY

- a. Part-time students who choose to matriculate must file for admission to Wesley College and comply with all existing regulations.
B .During the semester in which a part-time student accumulates 30 credit hours, the student must matriculate at Wesley College.
c. Students who do not choose to matriculate may continue to enroll as part-time students; however, courses taken beyond 30 semester hours may not count toward graduation.

Name: _____ Soc. Sec. Number: _____

Phone Number: _____ Email: _____ DOB: _____

Home Address: _____
STREET CITY STATE ZIP

US Citizen or permanent resident YES _____ NO _____

I have previously applied to Wesley College YES _____ NO _____

Gender M _____ F _____

I want to enroll in: FALL _____ SPRING _____ Year _____

EDUCATION:

I am currently enrolled at MOT Charter High School, 1275 Cedar Lane Road, Middletown, DE 19709

Dates of Attendance _____

I am currently a (please circle one): Freshman Sophomore Junior Senior

I have enrolled in college courses previously: YES _____ NO _____

College Name _____

Dates of Attendance _____

OPTIONAL:

To meet revised Federal requirements on the collection and reporting of race/ethnicity, please answer the following two statements.

A. I identify myself as Hispanic or Latino, or of Spanish origin: _ Yes _ No

B. I identify myself as belonging to one or more of the following groups (Please check **all** that apply, if any):
_ Black/African American/Haitian _ Asian _ American Indian/Alaska Native
_ Native Hawaiian/Other Pacific Islander _ White

If you answered statement B, please make sure that you also answered statement A.

Is English your primary language? Yes _____ No _____, it is _____

Is English the primary language spoken in your home? Yes _____ No _____, it is _____

REQUIRED:

I, the undersigned, acknowledge that by signing this application form, I am hereby financially responsible for any and all tuition, fees, and other charges incurred during my enrollment at Wesley College.

SIGNATURE OF APPLICANT

DATE

PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE

RETURN THIS FORM TO:

Mrs. Elaine Elston, M.Ed.
Principal, Academy of the Arts
MOT Charter High School
1275 Cedar Lane Road
Middletown, DE 19709

TO BE SUBMITTED IN BULK TO:

The Registrar's Office
Wesley College
120 North State Street
Dover, DE 19901-3875

Date Rec'd _____	Registrar's Office Signature _____
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W E S L E Y
DELAWARE'S OLDEST PRIVATE COLLEGE
Founded 1873

FERPA RELEASE FORM

Please complete and sign this form. Return completed form to:
Registrar's Office (College Center 304)
Wesley College
120 North State Street
Dover, DE 19901

It is the policy of Wesley College, in accordance with the Family Education Rights and Privacy Act (FERPA), to withhold disclosure of personally identifiable information from educational records unless the student has consented to disclosure or FERPA allows disclosure. (See the attached page for a general summary of the Act.)

By signing this form, you give consent to disclose your educational records to your parent(s), legal guardian(s), or other designated person(s). The purpose of the consent is to allow Wesley College to release educational record(s) or information contained in your educational records (such information includes course schedules, reports of concern, grades, disciplinary records, financial aid and student account information) to your parent(s) or other person(s) that you may designate, even when you are no longer listed as a dependent on your parent's income tax return, or you have graduated and left the College, unless you revoke this permission by notifying the Registrar's Office in writing of your intent to do so.

Check the box(es) below and print the appropriate name(s) to indicate your consent for Wesley College to disclose educational information to your parent(s), legal guardian(s), or other designated person(s).

- Mother Name _____
- Father Name _____
- Legal Guardian Name _____
- Other (specify) Name _____

Check the box below if you do NOT authorize Wesley College to disclose any educational information.

DO NOT RELEASE MY EDUCATIONAL INFORMATION * (This will prevent the release of any information to employers and/or future employers regarding any aspect of attendance at Wesley College.)

Please complete the information below, sign, and date :

Printed Student Name _____ SSN# _____

Student Signature _____ Date _____

(Keep FERPA Summary for your records)



WESLEY COLLEGE Dual – Enrollment Registration
2018-2019 Return Forms & Payment to MOT CHARTER

Deadline for all forms and payment are due by September 21, 2018

Last Name	First Name	M.I.	Current Grade Level
Daytime Phone #	Evening Phone #	Major	

I am approved to receive special accommodations via a 504 plan or an IEP.

MOT Charter Current Course & Instructor	Class Period (circle)	Wesley College Course	Credits	Tuition & Registration	Enter Tuition
Spanish 2 – Ms. McCormick	2, 3, 7, 8	SP 100- Beginning Spanish I	3	\$225.00	
Spanish 3 – Mr. Herbert	2, 4, 5, 6, 7	SP 101- Beginning Spanish II	3	\$225.00	
Spanish 4 – Ms. McCormick	4, 6	SP 200- Intermediate Spanish I	3	\$275.00	
Spanish 5 – Mr. Herbert	3	SP 201- Intermediate Spanish II	3	\$300.00	
Italian 1 – Ms. Trani	8	IT 100- Beginning Italian I	3	\$225.00	
Italian 2 – Ms. Trani	4, 6	IT 101- Beginning Italian II	3	\$225.00	
Italian 3 – Ms. Trani	5	IT 200- Intermediate Italian I	3	\$275.00	
Italian 4 – Ms. Trani	3	IT 201- Intermediate Italian II	3	\$300.00	
English 11 (Honors)- Mrs. Nabb	3, 4, 5, 6, 8	EN 100- College Writing 1	3	\$225.00	
English 12 (Honors)- Mrs. DeZura	2, 5, 6, 8	EN 101- College Writing 2	3	\$225.00	
				Total Owed	
				Total Paid	

PAYMENT TYPES (Select One)

- ON LINE PAYMENT (*preferred*)
 Visa, MasterCard, debit card and personal checking account are all accepted
 Go to www.motcharter.com and click on *Quick Links, Donations and Payments*
- CASH (included)
- CHECK OR MONEY ORDER – Payable to MOT Charter School (attached)

MOT Charter School Office confirmation of receipt _____ Date _____