



Early College Application for Admission

Mail Application To:

Office of Admissions
Bluefield State University
219 Rock Street
Bluefield, WV 24701
admissions@bluefieldstate.edu

304.327.4065
West Virginia - 1.800.344.8892
Outside West Virginia - 1.800.654.7798

ACCEPT THE CHALLENGE

Bluefield State University | 219 Rock Street | Bluefield, West Virginia 24701

PERSONAL INFORMATION

Name: _____

Home Telephone: _____ Cellular Telephone: _____

Social Security #: _____ Date of Birth: _____

Gender: Male Female Email Address: _____

Home Address: _____

City

State

Zip Code

County

Current High School: _____ Graduation Year: _____

Ethnicity (Check all that apply): African American American Indian or Alaskan Native Asian White
 Native Hawaiian or Other Pacific Islander Are You Hispanic/Latino? Yes No

Fall Semester (*August-December*)

Spring Semester (*January-May*)

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Phone Number _____ Parent/Guardian Email Address _____

Do you wish to participate on a pathway for any of the following programs? Yes No

If on a pathway, please check one of the following:

(Students enrolled in one of the approved pathways will receive full tuition for dual credit courses on behalf of the West Virginia Higher Education Policy Commission, Series 19, Dual Enrollment Program. Students not enrolled in one of these pathways will be charged \$75 per credit hour.)

Criminal Justice

Education

Health Professions (i.e., Nursing, Rad Tech, Respiratory Therapy, Sonography)

Social Sciences

STEM (Science, Technology, Engineering, Mathematics)

List course(s) selected for enrollment: 1. _____ 2. _____

3. _____ 4. _____

Provisional Form

This is to certify the student

1. Has Junior/Senior status in High School;
2. Has attained a 2.0 GPA or better;
3. Is recommended to participate in the early admissions program for Bluefield State University and enroll in the following classes.

Signatures and Consents

I declare that the information I have supplied on this application is complete, truthful, and correct and authorize BSU to verify the information given on this application:

Student Signature _____ Date _____

Principal/School Official Signature _____ Date _____

Parent/Guardian Consent: I give permission for my child to enroll in the Early College courses listed above.

Parent/Guardian Signature _____ Date _____

Disclosure

By providing your cellular telephone number, you agree to receive text-based communication from Bluefield State University the West Virginia High Education Policy Commission, and College for West Virginia (CWFV). Your information will not be shared with institutions other than those to which you have shown interest, nor will your information be shared with or sold to vendors or other third-party agencies. Standard text-messaging rates may apply, and you are responsible for any costs incurred while receiving texts. You may opt-out at any time by replying with the word, "STOP."