

## Conditional Admission Application and Academic Record Release Form Dual Admission Agreement for Stockton University

\*\* To be considered for the dual admission option, please submit this completed form to the Atlantic Cape Admissions Office within 90 days of the start of your first semester \*\*

Section I: Conditional App	lication for Dual Adm	ission							
Name:  Student ID Number:  Atlantic Cape Degree Program:		Date of Birth:							
					Home Address:				
					Street Address	<i>Apt.</i> #	City	State	Zip Code
Email Address:		Phone Number: ()							
Terms of Conditional Dual	Admission:								
Admission to Stockton University									
Atlantic Cape, while (c) achieving a grade of "C" of at Stockton University.  Section II: Academic Recort This agreement requires Atlantic Colligibility for the dual admission opshare academic records containing other information relevant to your	ape to provide academic infotion. By completing and sig your contact information, g	formation to Stocktoning this form, you a rades, academic warr	n University to de	termine student					
Student's Signature:		Date:							
5100 Black I	sions Office  Atlantic C Horse Pike Mays Landi -5000  Fax: (609) 343-49	ng, New Jersey (	08330-2699						
	Academic Program:								

Term of Entry: \_