

Dual Enrollment Course Registration Form

Instructions: Please complete this form in print, obtain the required signatures, and submit it to the Dual Enrollment Office.

Student Information

Student Full Name:

Date of Birth (MM/DD/YYYY):

Email Address:

Phone Number:

Current High School:

Current Grade Level:

Anticipated Graduation Year:

Parent/Guardian Information

Parent/Guardian Name:

Parent/Guardian Phone:

Parent/Guardian Email:

Course Selection

Please list the college courses you wish to register for:

Term (e.g., Fall 2024)	Course Subject & Number (e.g., ENG 101)	Course Title (e.g., English Composition I)	Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

High School Counselor Approval

Counselor Name:

Counselor Email:

Authorized High School GPA:

Signatures and Authorizations

By signing, the parties agree that the student meets the eligibility requirements for dual enrollment courses.

Student Signature: Date:

Parent/Guardian Signature: Date:

High School Counselor Signature: Date: