

Dual Credit Registration Enrollment Form

ID # _____ Cell Phone Number: _____

Name: _____

Last First MI

Address: _____

Street City State Zip

Email Address: _____

Major: _____ Registering for: Fall Spring Summer I Summer II

Required TSI Scores: Math: _____ Reading: _____ Writing: _____

Dual Credit Course(s)

Concurrent Course(s)

Additional Approved Course(s)

Signature of Approver: _____

Student Signature: _____ Recruiter/Advisor Signature: _____