



Dual Credit Course Registration Form

EMPLID (For Institutional Use Only)

Student Information			
High School Name:		Year in High School: 10 11 12	
First and Last Name:			Date of Birth
Address:	City:	State:	ZIP:
Email:		Phone:	

Course Subject	Course Title	Course Instructor
<i>Ex: English</i>	<i>Intro to English</i>	<i>Mr. Jones</i>

By signing this document it is understood that you the student is incurring a legal obligation to pay all charges assessed to the student account on Campus Connection by the due date. It is acknowledged the student will check their enrollment and student account for accuracy. It is understood all DSU policies and procedures will be adhered to in regard to the due dates, attendance, dropping classes, or withdrawing to zero credits.

I authorize Dickinson State University to release my classes and grades to my high school after the completion of this semester.

Student Signature *Date*

Parent/Legal Guardian Print Name *Parent/Legal Guardian Signature* *Email*

**Parent signature indicates verification of financial obligation. Required for all students in high school.
Please retain a copy of this form for your records.**