



<b>Advisor Use Only</b>	
Student ID #	_____
Date Enrolled	_____
Initials	_____

## DUAL CREDIT/DUAL ENROLLMENT STUDENT REGISTRATION

**Print Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
Legal Last Name      Legal First Name      Middle Name

**High School/Technical Center:** \_\_\_\_\_ **Freshman** **Sophomore** **Junior** **Senior**  
(circle only one)

Complete the following fields to indicate the course(s) in which you would like to enroll:

Semester & Year <small>(Ex: Fall 2015)</small>	Course No. Section No. & Location <small>(Ex: ENGL 101-15-DC)</small>	Course Title <small>(Ex: English Composition I)</small>	Credit Hours <small>(Ex: 3)</small>	Instructor <small>(Ex: Mrs. Smith)</small>

For a complete listing of courses offered through Crowder College, please visit our website at [www.crowder.edu](http://www.crowder.edu).

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Recommendation of Approval

(This section to be completed by high school/homeschool personnel only.)

- Required Attachments:**  **Transcript to verify qualifying GPA**  
 **Test Scores (if applicable)**  
 **Student & Parental Consent Form**

This student meets enrollment requirements for Dual Credit/Dual Enrollment as set forth by both Crowder College and the Missouri Department of Higher Education Dual Credit Policy. Furthermore, I attest this student is academically prepared for rigorous collegiate coursework and I am recommending them for admission to your program. Please register the student in the course(s) listed in the registration section of this form.

\_\_\_\_\_  
Signature of HS Principal or HS Counselor:

\_\_\_\_\_  
Date: