

Advisor Use Only	
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**

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.

Student's Signature: _____ Date: _____

Recommendation of Approval

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

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

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: