CROWDER COLLEGE
DUAL CREDIT | DUAL ENROLLMENT

Advisor Use Only
Student ID #_____
Date Enrolled_____
Initials_____

DUAL CREDIT/DUAL ENROLLMENT
STUDENT REGISTRATION

Print Name: _____ **DOB:** _____
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 (Ex: Fall 2015)	Course No. Section No. & Location (Ex: ENGL 101-15-DC)	Course Title (Ex: English Composition I)	Credit Hours (Ex: 3)	Instructor (Ex: Mrs. Smith)

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: