

## EFSC DUAL ENROLLMENT REGISTRATION FORM

 CAMPUS: C  M  B  T 

 TERM: Fall  Spring  Summer  Year \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION (M/Y) \_\_\_\_\_

 \_\_\_\_\_ **OR** \_\_\_\_\_  
 (PRINT) LAST NAME FIRST NAME MIDDLE INITIAL EFSC ID NUMBER (B#) DOB

**HIGH SCHOOL COUNSELORS: COMPLETE QUESTIONS 1-5, THEN SIGN FORM & FORWARD TO STUDENT**

1) CHECK SELECTED DUAL ENROLLMENT OPTION

- |   |  |
|---|--|
| <input type="checkbox"/> PT Dual Enrollment    Max. 3 courses per Term; 1 Summer<br><input type="checkbox"/> Collegiate HS        Max. 3 courses per Term; 2 Summer | <input type="checkbox"/> FT Dual Enrollment    Min.12 credits/4 courses Spring<br><input type="checkbox"/> Early Admission        Min.12 credits/4 courses Fall & Spring |
|---|--|

 2) CHECK PROGRAM:  AA     AS     CCC     CTC \_\_\_\_\_  
**Intended Major if AA or Program of Study if AS, CCC, or CTC**

 3) TEST(S) USED TO QUALIFY FOR DUAL ENROLLMENT:  PERT/ACCUPLACER     ACT     SAT     ALTERNATIVE MEASURE  
**If using an alternative measure to qualify for Dual Enrollment and/or ENC 1101, identify the specific measure below:** \_\_\_\_\_  
**If using an alternative measure to qualify for a college credit math course, identify the specific measure below:** \_\_\_\_\_

4) GRADE LEVEL \_\_\_\_\_ UNWEIGHTED GPA \_\_\_\_\_ APPROVED # OF COURSES \_\_\_\_\_

 5) If a course is not available, may the advisor recommend an alternative from the BPS/EFSC Approved List?  YES  NO

**Special directions/restrictions:**

	EFSC Course Options (i.e. ENC 1101)	Course Title (i.e. Composition 1)	High School Requirement Met (Eng/Math/SS/Sci/Perf Art/Elective)
1			
<b>2</b>			
3			
4			
<b>5</b>			
Alternate			
Alternate			

SCHOOL COUNSELOR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**STUDENTS: LIST REQUESTED EFSC COURSES, INCLUDE SIGNATURES, AND FOLLOW DIRECTIONS BELOW**

Course CRN	Course Subject & Number	Section	Course Title	Days	Time
Ex: 41875	ENC 1101	01M	Composition 1	M/W	10:50-12:05

 Alternate  
Alternate

 \_\_\_\_\_  
 STUDENT SIGNATURE                      B#                      Phone#                      DATE

 \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE                      DATE

**Students:**When you complete this form, click on Finished. Save form as a PDF and forward to guidance counselor for approval. Make any required changes by clicking the Edit button. Click Finished again to save changes. **Upload completed and signed form to EFSC Student Dropbox (Advising) to register.**