

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 | <input type="checkbox"/> FT Dual Enrollment Min.12 credits/4 courses Spring |
| <input type="checkbox"/> Collegiate HS Max. 3 courses per Term; 2 Summer | <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

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			
2			
3			
4			
5			
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

 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.**