Missouri Valley College
Dual Credit Enrollment/Registration Form

STUDENT'S NAME_____SOCIAL SECURITY NUMBER_____DOB_____

HOME ADDRESS_____

(Street address/PO Box) (city) (state) (zip)

HOME PHONE_____CELL PHONE_____STUDENT EMAIL_____

HIGH SCHOOL_____ Male___ Female___ Are you Hispanic or Latino? Yes___ No___

Please circle one or more of the following: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

GUARDIAN NAME_____HOME PHONE_____GUARDIAN EMAIL_____

HOME ADDRESS_____

(if different than above) (Street address/PO Box) (city) (state) (zip)

When I begin classes at Missouri Valley College I will be a ***Senior / Junior / Sophomore* (circle one)***

Which semester/year do you plan to take these classes_____

☐ ***This is my first enrollment in Dual Credit courses at Missouri Valley College.***

☐ ***I have been previously enrolled in Dual Credit courses at Missouri Valley College.***

MISSOURI VALLEY COLLEGE COURSES REGISTERING FOR ***Course #*** ***Title***	LOCATION ***MVC*** ***HS*** ***Online***	CREDIT HOURS	INSTRUCTOR'S NAME
_____	____ ____ ____	_____	_____
_____	____ ____ ____	_____	_____
_____	____ ____ ____	_____	_____

A. TOTAL NUMBER OF CREDITS ENROLLED IN: _____**X 80.00= $**_____

B. SEMESTER ONLINE COURSE FEE (*online students only***):** **$20.00= $**_____

C. TOTAL AMOUNT DUE: **$**_____

D. AMOUNT PAID WITH REGISTRATION: **$**_____
Registration must include $240 down payment

E. REMAINING BALANCE DUE WITHIN 30 DAYS: **$**_____

High School Section: *To be completed by the high school. Please provide the following information:*

GPA:____on a ____scale Class Rank:____ out of ____ ACT Scores: Math____ English____ Composite____

(To enroll in coursework, students must have a "B" average or include an "exception letter" of recommendation from the counselor/principal)

This student meets enrollment requirements for Dual Credits as set forth in the Dual Credit program guidelines and is recommended for admission

Counselor and/or Principal Signature_____ _____***Date***_____

**both needed for sophomore*

I understand my child/dependent has signed up for the above course work in order to receive college credit and I consent to the sharing of my student's academic and financial records with school officials and acknowledge I am responsible for payment to his/her account. I agree to the terms and conditions of policies and procedures set forth by Missouri Valley College.

Parent or Guardian Signature_____

Date:_____

Information Release Authorization

I agree that my student record, which includes academic and financial information, may be shared with my school officials and parents as long as I am enrolled as a Dual Credit student at Missouri Valley College.

Student Signature_____

Date:_____