



DUAL ENROLLMENT REGISTRATION FORM



PLEASE NOTE: If you are enrolling in MVU dual credit for the first time, please complete the online application at: go.moval.edu/applynow/inquiryform or scan the QR code.

STUDENT'S NAME _____
DOB _____ CURRENT STUDENT EMAIL _____
SCHOOL NAME _____

OFFICE USE ONLY: College ID Number _____ Paid _____ Check Number _____

When I begin classes at Missouri Valley University I will be a ☐ Senior ☐ Junior ☐ Sophomore*
Which semester/year do you plan to take these classes _____

- ☐ This is my first enrollment in Dual Credit courses at Missouri Valley University & I have completed the online application.
☐ I have been previously enrolled in Dual Credit courses at Missouri Valley University.



Scan the QR code to view the full list of course offerings.

MISSOURI VALLEY UNIVERSITY COURSES REGISTERING FOR Course # Title	LOCATION			CREDIT HOURS	INSTRUCTOR'S NAME
	MVU	HS	Online		
_____	☐	☐	☐	_____	_____
_____	☐	☐	☐	_____	_____
_____	☐	☐	☐	_____	_____

A. TOTAL NUMBER OF CREDITS ENROLLED IN: _____ X 85.00= \$ _____
B. SEMESTER ONLINE COURSE FEE (online students only): \$25.00= \$ _____
C. TOTAL AMOUNT DUE: \$ _____
D. AMOUNT PAID WITH REGISTRATION: \$ _____
E. REMAINING BALANCE DUE WITHIN 30 DAYS: \$ _____
Registration must include \$240 down payment

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*

Parent/Guardian Information

Name _____

Phone Number _____ Email _____

Address (if different from student) _____

City _____ State _____ Zip _____

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 University.

• *The subject matter of the course may be more complex and mature in nature. Expectations of student behavior and performance will be held to a higher standard.*

• *Although courses are generally transferable, it is the student's responsibility to ensure transferability with the college/university that he/she plans to attend. Tuition charges will remain.*

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 University.

Student Signature _____ **Date:** _____