MISSOURI VALLEY UNIVERSITY

# 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<br>***Course #*** ***Title*** | LOCATION<br>***MVU*** ***HS*** ***Online*** | CREDIT HOURS | INSTRUCTOR'S NAME |
|---|---|---|---|
| _____ | ☐ ☐ ☐ | _____ | _____ |
| _____ | ☐ ☐ ☐ | _____ | _____ |
| _____ | ☐ ☐ ☐ | _____ | _____ |

*Missouri Valley provides scholarships that reduce tuition to $85 per credit hour. Students buy their own textbooks and materials, and a $25 technology fee applies to all online courses.*

**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*

MISSOURI VALLEY UNIVERSITY

# *Dual Enrollment Registration Form*

**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 tranferability 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:***_____