



Dual Enrollment Credit Course Registration

Students must obtain proper approval in order to register for any classes. Please note this form must be completed prior to each semester the student intends to be enrolled in college courses while attending high school. If this is your first, semester you must also submit a New Student Application (students must be 15 years of age or older). Students may be required to take placement tests. Those who are not required to complete these additional steps can usually register on the day this form is submitted.

Student Name: _____ **Declared Major:** _____ **Date of Birth:** _____
 Last First Middle

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

MCCC Student Identification Number: _____ **High School:** _____ **Grade Level:** _____

Phone Number(s): _____ **Email Address:** _____

Guidance Counselor/Academic Supervisor: _____ **Office Phone Number:** _____

Term	Dept.	Course No.	Section	Action Code	Course Title	Billed Credits	Take for Audit - No Credit?	Su	M	I	W	Th	F	Sa	Instructor or Division Dean Approval <small>For 3rd attempts students are required to have the signature of an advisor/counselor from the SSC.</small>
2009/SP	ENG	101	AC	R = Register	English Composition 1 00513	3	Yes/No		8am - 8:55		8am - 8:55		8am - 8:55		SAMPLE ONLY

I have read and completed the above information and the information on the reverse side and acknowledge that it is true and accurate. I also understand that I am responsible for following the academic policies, including meeting all prerequisites of this institution and meeting all graduation requirements.

To be completed by counselor:
 Credit Will Be Received by High School Personal Enrichment (no high school credit received)
 Completion of Senior year**

The above named student has permission to enroll in the Dual Enrollment program and Montgomery County Community College.

Guidance Counselor/School Official Signature _____ Date _____

Note: It is the responsibility of the student and the high school to ensure that courses completed at MCCC will fulfill specific secondary school graduation requirements.

Processed by _____ Date _____

STUDENT

I authorize Montgomery County Community College to furnish _____ (Name of high school) any and all information pertaining to my academic record while I am enrolled in Montgomery County Community College as a Dual Enrollment College student. I hereby release Montgomery County Community College from any liability or damage that may result from furnishing the information requested. I understand that Dual Enrollment College students must comply with all College policies including requirements for attendance and class and campus behavior.

I affirm that all of the information given by me in this application is true to the best of my knowledge. I understand that falsification of information is perjury and may be grounds for dismissal.

I further affirm that all claims regarding my legal residence are correct and honestly presented. I have no intention to willfully defraud the College or its sponsoring agencies.

Waiver of Privacy of Information from Education Records: Students may choose to complete this form in order to waive their privacy rights so that information from their educational records may be released to their parent(s) or guardian(s). Please note that upon graduation from high school and full matriculation to the College students who still want to waive their privacy rights to their parent(s) or guardian(s) must complete a new Waiver of Privacy Information from Education Records. The Waiver of Privacy of Information from Education Records can be found in the Records and Registration Office located in College Hall.

Student Signature: _____

Date: _____

PARENT/GUARDIAN

I give my consent for _____ to be enrolled at Montgomery County Community College as a Dual Enrollment student. I understand that it is my son's/daughter's responsibility to submit a sealed transcript to the high school counselor to receive high school credit for MCCC courses. I understand that my son's/daughter's progress will not be monitored by the high school or the College. In the event the student should drop a course it is the student's responsibility to notify the high school counselor immediately. I understand that transportation and other costs for community college courses are the responsibility of the student. I also am aware that my son/daughter will have access to all student services offered to the traditional college student.

The College encourages the student to visit the different service centers when needing guidance in college related matters. Finally, I am aware that my son/daughter, the aforementioned minor, is enrolling in an environment where he/she may be exposed to a more diverse curriculum and culture.

Parent Signature: _____

Date: _____

If you require special accommodations due to a disability, please contact Services for Students with Disabilities:

Blue Bell Campus, Disability Services Center
College Hall 131
215.641.6575 and 215.619.7415 TTY
215.619.7183 FAX
disabilities@mc3.edu

Pottstown Campus, Student Success Center
Room 151
610.718.1853 Voice/TTY
610.718.1837 FAX
westdisab@mc3.edu

AFFIRMATIVE ACTION STATEMENT

Montgomery County Community College is committed to the principles of equal employment and equal educational opportunity for all persons without regard to race, color, ancestry, creed, national or ethnic origin, age, sexual orientation/preference, religion, sex, disability or status as a disabled veteran or veteran of the Vietnam Era, in the administration of its educational programs, activities, or employment in accordance with applicable Federal statutes and regulations.