DUAL ENROLLMENT REGISTRATION

(Please Print Clearly)

College ID (Required): | 3 | | | | | | | |

SOUTH MOUNTAIN COMMUNITY COLLEGE

Legal Last Name: _____ First: _____ Middle: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____/_____/_____

Home Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

High School: _____

COURSE (Ex: ENG101)	CLASS # (Ex: 12345)	PERIOD (Ex: 4th)	INSTRUCTOR (Ex: Johnson)	CREDITS (Example: 3)	COST $76/credit hour*
TERM			**YEAR: _____**	Registration Fee	$15
☐ **Fall**	☐ **Spring**			**Total Cost**	

Based on in-county residency tuition rate. See the course table for your school for more information.

(STAFF USE ONLY) Course prerequisites satisfied by course or test score. Enter N/A, course, or test score as needed. AS = ASSET and AP = ACCUPLACER

NA	Course or Test Name	AS	AP	Test Score

Students Applying for Tuition Assistance **Applying for Tuition Assistance?** ☐ **YES** ☐ **No** **Received date:** _____

If you are applying for tuition assistance, we will hold your enrollment packet until the status of your application has been determined. If tuition assistance is not awarded or available, should we (please indicate your choice): ___ Return the enrollment packet to you? ___ Enroll you anyway?
___ Contact you for a decision? Contact telephone # _____ Contact e-mail: _____

STUDENT SIGNS HERE:

I certify that the information on this enrollment form is true and complete, and I understand that SMCC cannot release information about my enrollment, fees or grades to my parents and /or guardian(s) unless I list them here. (To receive information, these individuals must know my College Student ID.)

_____ _____ _____

Student Signature Date _____

Printed Names of Parents /Guardians:

PARENT SIGNS HERE:

As parent or legal guardian, I give permission for the above-named student to enroll in the courses listed, and I accept financial responsibility for tuition, fees and textbooks where required. I have read the information provided and understand that he/she will be establishing a college academic record and will be required to report such enrollment to future colleges or universities. He/she will be subject to all of the requirements, policies, regulations, and deadlines defined in the dual enrollment paperwork provided, the College Catalog, the Schedule of Classes and the Student Handbook.

_____ _____ _____

Parent/Guardian Signature Date Parent Email

HIGH SCHOOL OFFICIAL SIGNS HERE:

Under 18 Admissions qualification: students must meet *one* of the following:

☐ PSAT ≥ 93 ☐ SAT ≥ 930 ☐ ACT ≥ 22

☐ AIMS Test scores: Reading ≥ 674 _____ Writing ≥ 678 _____ Math ≥ 683 _____

☐ College Placement Test: ASSET ACCUPLACER (circle one) _____ Score: _____

Supporting documentation: ☐ Transcript attached ☐ Test Scores attached

I have reviewed the information on this form, and the student is eligible to participate in these dual enrollment courses.

_____ _____

Signature of High School Official Date

A.R.S. 15-901 requires students to be currently enrolled at the school for a full-time instructional program in addition to the college course.
NOTE: High school seniors who satisfy high school graduation requirements are exempt.

For more information : www.southmountaincc.edu/dual

White: College Copy Yellow: Student Copy