

Parent or Guardian Signature\_

Date:\_

## **Dual Credit Enrollment/Registration Form**

PLEASE NOTE: If you are enrolling in MVC dual credit for the first time, please complete the online application at: www.moval.edu/mvcb11/DualCredit.aspx

STUDENT'S NAMEDOB_		CURRENT STUDENT	EMAIL
When I begin classes at Missouri Valley Coli <b>Which semester/year do y</b> o	•	-	
$\square$ This is my first enrollment in Dual Credit courses at Missouri Valley College & I have completed the online application. $\square$ I have been previously enrolled in Dual Credit courses at Missouri Valley College.			
MISSOURI VALLEY COLLEGE LOCATION COURSES REGISTERING FOR MVC HS Course # Title		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:			\$
E. REMAINING BALANCE DUE WITHIN 30 DAYS:		\$	
High School Section: To be completed by the high school. Pleas GPA:on ascale Class Rank:out of (To enroll in coursework, students must have a "B" average or incluThis student meets enrollment requirements for Dual Credits as se Counselor and/or Principal Signature_ Registration must include \$240 down payment *both needed for sophomore	ACT Score ude an "exce <sub>l</sub> t forth in the	es: Math English_ ption letter" of recommend	dation from the counselor/principal) elines and is recommended for admission
I understand my child/dependent has signed up for the above course work in order to receive college credit and I consent to t sharing of my student's academic and financial records with so officials and acknowledge I am responsible for payment to his, her account. I agree to the terms and conditions of policies an procedures set forth by Missouri Valley College.  The subject matter of the course may be more complex and n in nature. Expectations of student behavior and performance wheld to a higher standard.  Although courses are generally transferable, it is the student's responsibility to ensure tranferability with the college/universithat he/she plans to attend. Tuition charges will remain.	he chool / d nature will be	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:	