

**Dual Enrollment Registration Form**

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| **SEMESTER :**  FALL | 2020 |

Student Information: (*please print*)

**Date of Birth:**       **SSN / AWC ID Number:**       **Grade Level:** 9 10 11 12

**Last Name:**       **First Name:**       **MI:**

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

**Email:**       Phone - **Home**: (     )      -      **Cell**: (     )      -

**Location(s):** (Check all that apply)  Antelope HS  Cibola HS  Gila Ridge HS  HPA  Kofa HS

Parker HS  San Luis HS  STEDY  Vista HS  Yuma HS

Yuma Catholic HS

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| --- | --- | --- | --- | --- |
| **Course Section #** | **Course Title** | **Credit Hrs.** | **Instructor Signature** | |
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| **Total Credits:** | |  | **Total Cost:** |  |

**Dual Enrollment Tuition Schedule - Arizona Resident: $25 per credit / Out of State: $30 per credit**

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

**HS Counselor Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Student – Please Read and Sign Here:**

*I agree to the exchange of academic information between the participating institutions, including but not limited to college grade reports, transcripts, and any other pertinent documents. I give permission to release Arizona Western College student information to my parents and/or legal guardian in accordance with Federal Law. I understand that if I would like to give my parent/guardian access to my student records, the Student Information Release (FERPA) Form must be completed and returned to the AWC Admissions and Registration Office. I agree to notify the AWC Admissions and Registration Office regarding changes in enrollment, including dropping, adding, or changing classes. As a student 18+ years old, I understand that I will be held responsible for any balance on the students account.*

**Student Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian of Students 17 and Younger Please Read and Sign Here:**

***As a parent or legal guardian, I give permission for the above mentioned student to enroll in the course(s) listed above. I agree to pay tuition and fees. Failure to pay may result in the above-named student being deregistered from classes without notification****. I understand that the above-named student 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 the course requirements, grading standards and attendance requirements established by the instructor in the course syllabus. As the parent or legal guardian of the above mentioned student, I understand that if sponsored billing does not cover all charges, I will be held responsible for any balance on the students account. I further understand that the above-named student will be subject to all of the requirements, policies, regulations, and deadlines defined in the College Catalog and Schedule of Classes.*

**Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**For Official Use Only**

**Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**