



Fall 2019

Student ID _____ (for campus use only)

Early Entry (Dual Credit) Registration Form

Student Information			
Student's Legal Name (Last, First, Middle Initial)			Date of Birth (mm/dd/yyyy)
Mailing Address	City	State	Zip
High School	Year in School <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone number	Email		
Registration Information			
Course Subject/#/Title	Semester Fall 2019	Delivery Method <input type="checkbox"/> Teacher at my High School <input type="checkbox"/> ITV Time: _____ <input type="checkbox"/> Online <input type="checkbox"/> At DCB Campus Time: _____	Class # (Office Use Only)
Course Subject/#/Title	Semester Fall 2019	Delivery Method <input type="checkbox"/> Teacher at my High School <input type="checkbox"/> ITV Time: _____ <input type="checkbox"/> Online <input type="checkbox"/> At DCB Campus Time: _____	Class # (Office Use Only)
Course Subject/#/Title	Semester Fall 2019	Delivery Method <input type="checkbox"/> Teacher at my High School <input type="checkbox"/> ITV Time: _____ <input type="checkbox"/> Online <input type="checkbox"/> At DCB Campus Time: _____	Class # (Office Use Only)
Authorization			
<p>Students enrolling in a dual credit course from Dakota College at Bottineau will receive college credit and the associated high school for their course(s).</p> <p>I authorize Dakota College at Bottineau to release my college grade for the course(s) listed above to my attending high school.</p> <p>It is the student responsibility to follow the college calendar. Including, but not limited to: class dates, fee payment, drop dates, etc.</p> <p>It is understood the students, parent and/or guardian is responsible for all costs related to the above registered course(s) and understands tuition/fee payment due dates and withdrawal procedures.</p> <p>By signing below, I give authorization and acknowledge my responsibilities.</p>			
Student Signature:			Date:
Parent Signature:			Date:
High School Administrator Signature:			Date:

All Signatures Required

Submit Completed Form by E-mail, Fax or Mail:

E-mail: whitley.wyciskalla@dakotacollege.edu

Fax: 701-228-5614

Mail:

Dakota College at Bottineau

ATTN: Whitley Wyciskalla

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