

Summer 2020

Student ID	
	(for campus use only)

Early Entry (Dual Credit) Registration Form

Student Information (Please print legibly.)										
Student's Legal Name (Last, First, Middle Initial)						Date of Birth (mm/dd/yyyy)				
Mailing Address	City			State	State		Zip			
High School	Year in School for Summer 2020 □Sophomore □Junior □Senior					Gender □Male □Female				
Phone number	Student Email					Parent/Guardian Email				
Registration Information										
Course Subject/#/Title	Semester Summer 2020	Delivery Method Teacher at my High School			On	lline	☐ At DCB Campus Time:	Class # (Office Use Only)		
Course Subject/#/Title	Semester Delivery Method							Class # (Office Use		
	Summer 2020	☐Teacher at my High School	□ITV Time: _		On	lline	☐ At DCB Campus Time:	— Only)		
Course Subject/#/Title	Semester Delivery Method			,				Class # (Office Use		
	Summer 2020	□Teacher at my High School	□ITV Time: _		On	lline	☐At DCB Campus Time:	Only)		
Authorization										
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). I authorize Dakota College at Bottineau to release my college grade for the course(s) listed above to my attending high school.										
It is the student's responsibility to follow the college calendar. Including, but not limited to: class dates, fee payment, drop dates, etc.										
It is understood the student and parent/guardian is responsible for all costs related to the above registered course(s) and understands tuition/fee payment due dates and withdrawal procedures. Tuition is currently \$137.48 per credit. (example: 3 credit class = \$412.44)										
Tuition invoices will be e-mailed to students and parents/guardians. It is recommended that students check their e-mail at least once per week for important e-mails that may be sent from the campus.										
By signing below, I give authorization and acknowledge my responsibilities. I'm authorizing that the e-mail addresses listed above will be utilized for communication between myself and DCB.										
Student Signature:						Date:				
Parent/Guardian Signature:						Date:				
High School Administrator Signature:						Date:				

All Signatures Required

Submit Completed Form by E-mail or Fax: E-mail: stacy.allard@dakotacollege.edu Fax: 701-228-5614