



Fall 2019

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	Zip	
High School	Year in School for Fall 2019 <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone number	Student 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				
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 responsibility to follow the college calendar. Including, but not limited to: class dates, fee payment, drop dates, etc.				
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.				
By signing below, I give authorization and acknowledge my responsibilities.				
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: stacy.allard@dakotacollege.edu

Fax: 701-228-5614

Mail:

Dakota College at Bottineau

ATTN: Stacy Allard

105 Simrall BLVD

Bottineau, ND 58318