

Student ID ____

Early Entry (Dual Credit) Registration Form

Student Information (Please print legibly.)					
Student's Legal Name (Last, Firs	t, Middle Initial)			Date of Birth (mm/dd/yyyy)	
Mailing Address	City		State	Zip	
High School Current Year in Scho		chool Gender			
	□Sophomore □Junior □Senior			□ Male □ Female	
Phone number Student Email		F		Parent/Guardian Email	
Registration Information for Classes					
Course Subject/#/Title	Semester Summer 2025	Delivery Method			Class # (Office Use Only)
		□Online (Not a live connection)			
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		Online (Not a live connection)			
Authorization – Required					
 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 <u>college calendar</u>. Including, but not limited to: class dates, fee payment, drop dates, etc. Priority Registration Deadline: April 28 Recommended Registration Deadline: May 16 Final Day to Register: June 5 (late adds) Last date to drop a class with 100% refund – June 5th (Drops after this date will <u>still owe the full tuition price</u>. If a student drops ALL classes, they <u>may</u> be eligible for a percentage of a refund.) It is understood the student and parent/guardian are responsible for all costs related to the above registered course(s) and understands tuition/fee payment due dates and withdrawal procedures. One-time \$35 application fee. The summer 2025 tuition is \$153.96 per credit (example: A three-credit course would cost \$461.88, most courses are 3 credits) There is an additional cost for books. The books and pricing are listed here: https://www.dakotacollege.edu/bookstore/books-listing Tuition can be paid in Campus Connection or by calling 701-228-5430. Payment is due on June 5, 2025. Students are required to check their DCB e-mail for important e-mails from the campus. Parents/Guardians - By signing below, I give authorization for my child/dependent to enroll in dual credit through DCB and acknowledge my					
responsibilities. I have read and understand the information provided above and I am aware and responsible for all costs as stated above. I'm authorizing that the e-mail addresses listed above will be utilized for communication between myself and DCB.					
Student Signature:			Pate:		
Parent/Guardian Signature:			Date:		
High School Administrator Signature:			Date:		
All Signatures Required					

Submit Completed Form to dcb.dualcredit@dakotacollege.edu