



Fall 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	Zip	
High School	Year in School for Fall 2020 <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	Parent/Guardian Email		
Registration Information				
Course Subject/#/Title	Semester Fall 2020	Delivery Method		Class # (Office Use Only)
		<input type="checkbox"/> Teacher at my High School	<input type="checkbox"/> ITV Time: _____	
Course Subject/#/Title	Semester Fall 2020	Delivery Method		Class # (Office Use Only)
		<input type="checkbox"/> Teacher at my High School	<input type="checkbox"/> ITV Time: _____	
Course Subject/#/Title	Semester Fall 2020	Delivery Method		Class # (Office Use Only)
		<input type="checkbox"/> Teacher at my High School	<input type="checkbox"/> ITV Time: _____	
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's responsibility to follow the college calendar. Including, but not limited to: class dates, fee payment, drop dates, etc.</p> <p>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.</p> <p>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.</p> <p>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.</p>				
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