



# DUAL ENROLLMENT REGISTRATION FORM



PLEASE NOTE: If you are enrolling in MVC dual credit for the first time, please complete the online application at: [go.moval.edu/applynow/inquiryform](http://go.moval.edu/applynow/inquiryform) or scan the QR code.

STUDENT'S NAME \_\_\_\_\_  
DOB \_\_\_\_\_ CURRENT STUDENT EMAIL \_\_\_\_\_  
SCHOOL NAME \_\_\_\_\_

OFFICE USE ONLY: College ID Number \_\_\_\_\_ Paid \_\_\_\_\_ Check Number \_\_\_\_\_

When I begin classes at Missouri Valley College I will be a **Senior Junior Sophomore\***  
**Which semester/year do you plan to take these classes** \_\_\_\_\_

**This is my first enrollment in Dual Credit courses at Missouri Valley College & I have completed the online application. I have been previously enrolled in Dual Credit courses at Missouri Valley College.**



Scan the QR code to view the full list of course offerings.

MISSOURI VALLEY COLLEGE COURSES REGISTERING FOR	LOCATION	CREDIT HOURS	INSTRUCTOR'S NAME
<b>Course # Title</b>	<b>MVC HS Online</b>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**A. TOTAL NUMBER OF CREDITS ENROLLED IN:** \_\_\_\_\_ X 85.00= \$ \_\_\_\_\_

**B. SEMESTER ONLINE COURSE FEE (online students only):** \$25.00= \$ \_\_\_\_\_

**C. TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

**D. AMOUNT PAID WITH REGISTRATION:** \$ \_\_\_\_\_

**E. REMAINING BALANCE DUE WITHIN 30 DAYS:** \$ \_\_\_\_\_

*Registration must include \$240 down payment*

**High School Section:** *To be completed by the high school. Please provide the following information:*

GPA: \_\_\_ on a \_\_\_ scale    Class Rank: \_\_\_ out of \_\_\_    ACT Scores: Math \_\_\_ English \_\_\_ Composite \_\_\_

*(To enroll in coursework, students must have a "B" average or include an "exception letter" of recommendation from the counselor/principal)*

*This student meets enrollment requirements for Dual Credits as set forth in the Dual Credit program guidelines and is recommended for admission.*

**Counselor and/or Principal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*both needed for sophomore*

**Parent/Guardian Information**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I understand my child/dependent has signed up for the above course work in order to receive college credit and I consent to the sharing of my student's academic and financial records with school officials and acknowledge I am responsible for payment to his/her account. I agree to the terms and conditions of policies and procedures set forth by Missouri Valley College.*

- The subject matter of the course may be more complex and mature in nature. Expectations of student behavior and performance will be held to a higher standard.*
- Although courses are generally transferable, it is the student's responsibility to ensure transferability with the college/university that he/she plans to attend. Tuition charges will remain.*

**Parent or Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Information Release Authorization**

*I agree that my student record, which includes academic and financial information, may be shared with my school officials and parents as long as I am enrolled as a Dual Credit student at Missouri Valley College.*

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_