Great Falls College MSU Dual Enrollment ADD CARD

To add additional courses, after Dual Enrollment Registration Form for current semester has been processed.

Please ret	turn completed form to: Office	of the Registrar, GFC MSU, 21	00 16th Ave S, Gre	at Falls, MT 59	405, or Fax 40	06-771-4329
NAME: DATE O	Last DF BIRTH:	FirstTERM: Fall	ID: Spring Su			
HIGH SCHOOL:						
Course #	Course Title		Instructor	Credits	CRN#	DC or CC*
						□DC □CC
						□DC □CC
						□DC □CC
						□DC □CC
~ Student policies a ~ There is ~ Student ~ By your	ts in Dual Enrollment/Cre and procedures. s no guarantee that these ts may need to provide pl	is full, Dual Enrollment studit courses will follow the Courses will be taught or a lacement test scores if requesting GFC MSU to add yoll with the college.	College's official that spaces will uesting enrollme	academic ye be available ent in English	ear calenda for high sch n, math or s	r, catalog, nool students. cience courses.
(Student Signature)			(Date)			
(Parent si	gnature if student is unde	r 18 years of age)		(Date)		
(High sch	nool counselor/Principal s	ignature)		(Date)		
(College	Counselor/Advisor)			(Date)		
		FOR OFFICE U	ISE ONLY			
	Date received:	P	rocessed by:			