

GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

2100 16th Avenue South, Great Falls, MT 59405
(406) 771-4300 · Toll Free (800) 446-2698 · Fax (406) 771-4329 · Web www.gfcmu.edu

REGISTRATION FORM FOR DUAL ENROLLMENT STUDENTS

An application for admission must be on file to be eligible to register for classes. This Dual Enrollment registration form must be submitted each term, for dual credit and all other early college credit, and must be completed by the student and signed by all appropriate parties.

I. Personal Information (Must Be Completed)

Name: Last First Middle

College Student ID Number: Date of Birth:

Mailing Address:

City: County: State: Zip:

High School or Home School: Expected Graduation Date:

High School Guidance Counselor (not required for Home School students): Phone:

Semester of Enrollment: Fall/Autumn Spring Summer Year:

II. Approved Course Selection (Must Be Completed)

- Students must satisfy all course prerequisites and provide placement test scores where needed. Registration cannot be processed unless documentation of scores is attached or on file at the college.
All students using this registration form will follow the College's official timelines, catalog, policies and procedures.

Table with 6 columns: Course #, Course Title, Instructor, Credits, CRN #, DC or CC*. Rows include checkboxes for DC and CC.

*Please identify if you are requesting this course as a Dual Credit (DC) course or a College-Credit-Only (CC) course. Note: College credits are not equivalent to high school credits. Only the high school has authority to award high school credit, as well as determine the number of credits given for college credits taken.

III. Billing Information *(Must Be Completed)*

Once a student has been registered using this registration form, a bill is owed to the college. Please complete the information below for the person (or organization) financially responsible for this bill. Designation of a responsible party indicates consent for the college to discuss the bill with the party designated. **PLEASE TYPE OR PRINT LEGIBLY WHEN COMPLETING THIS SECTION.**

Person (or Organization) Responsible for Payment: _____

Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IV. Important Information

A. Transfer of Credits

This Montana University System (MUS) institution is accredited by the Northwest Commission on Colleges and Universities (NWCCU). For transfer purposes, most regionally accredited institutions will accept credits from the other accredited colleges and universities. Additionally, the MUS utilizes a uniform course numbering system ("common course numbering" or "CCN"). CCN is a cooperative effort among all MUS institutions that facilitates course transfer. Although CCN ensures courses with the same prefix and number will transfer seamlessly from campus to campus, the acceptance of transfer credit for individual *degree programs* is always determined by the receiving institution. Students should contact the institution they plan on attending if they have specific questions about course transferability for a specific degree program.

For information on courses offered throughout the MUS, please visit http://mus.edu/Qtools/CCN/ccn_default.asp and <http://mus.edu/Transfer/MUScore.asp>.

B. Release of Student Information to Parents

A student's higher education record is protected under Montana Law and the Family Educational Rights and Privacy Act of 1974. The release of student information to a student's parents, by either the high school or the college, will be governed by the State and Federal laws governing those separate institutions. As a result of such laws, the college will not release academic information to a student's parents without the student's express written consent.

C. Adding and Dropping Courses

Once you have registered for any course(s), and then find you must adjust your schedule by adding or dropping a course, you need to complete an add/drop form (drop, add & refund deadlines will apply). If you need to drop ALL your courses (even if it is only one course) you may need to complete additional forms to finalize total withdrawal from the institution.

- If you are registered in a dual credit course, these forms must be signed by a high school counselor.
- If you are under the age of 18, a home school student, and registered in a college-credit-only course, these forms must be signed by a parent/guardian.

IMPORTANT! If you are enrolled in a dual credit course at the high school and drop the high school course, you must also drop the college course.

Add, drop, and withdrawal forms are located at <http://www.gfcmsu.edu/academics/DualEnrollment/forms.html>

D. Access to Grades

Grades will be available through the college's online student information system using your Student ID number. You can access the system by clicking on https://atlas.montana.edu:9001/pls/gfagent/twbkwbis.P_GenMenu?name=homepage. For dual credit courses, grades are also available through the high school.

E. Transcripts

You may access unofficial transcripts through the online student information system using your Student ID number. You can access the system at https://atlas.montana.edu:9001/pls/gfagent/twbkwbis.P_GenMenu?name=homepage. You may also request official transcripts by contacting the campus at Registrar's Office, 406-771-5128 or http://www.gfcmsu.edu/admissions_records/pdf/TranscriptRequestForm.pdf. Transcript fees may apply.

F. Payment of Dual Enrollment Costs

Payment of all dual enrollment costs (tuition, mandatory fees, and course fees) is required. Tuition is assessed at 50% of the Board of Regents approved rate and is usually paid at the start of the term of enrollment. In addition, students are exempt from all mandatory fees but may be assessed approved course fees. Dual enrollment students are responsible for complying with applicable campus payment policies, procedures and methods.

G. Disabilities

If you have a disability for which accommodations may be necessary, please submit a confidential written request for disability accommodations to Kathy Meier, Disability Services, Great Falls College MSU, 2100 16th Ave South, Great Falls, MT 59405. Written documentation of disability is required.

V. Approval (*Must Be Completed*)

Signature of Student

Date

***Parent/Guardian approval for students under 18 indicates acceptance of obligation for payment of the courses taken.**

**Parent/Guardian Signature if student is under 18 years of age)*

Date

****The undersigned high school official hereby certifies that the student meets the requirements for dual credit or college-only credit, is enrolled at a Montana high school accredited by the Board of Public Education, and has on file at the high school verification of all required immunizations.**

***High school counselor/principal signature*

Date

*****The undersigned college official hereby certifies that the student meets the requirements for dual enrollment and is enrolled in appropriate college courses.**

**** College Counselor/Advisor*

Date

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DUAL ENROLLMENT STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____
Last First Middle

College Student ID#: _____

High School: _____ Date of Birth: _____

Dual Credit (taking same course for both high school and college credit)

The Dual Credit Program is a joint program between a college of the Montana University System (MUS) and your high school. As a joint program, the college and your high school have determined that it is administratively necessary for attendance and grades earned in college classes be shared with your high school. No academic information from the college at which you are enrolling will be released to your parents unless you expressly consent to such disclosure below.

College-Credit-Only (taking college credit course only)

The release of student information to a student’s parents, by either the high school or college, will be governed by the State and Federal laws governing those separate institutions. As a result of such laws, the college will not release information to your parents unless you expressly consent to such disclosure below.

Please check the appropriate boxes and complete the date of authorization.

Information to Release to Parent\Guardian

I hereby authorize the college to discuss and/or release the following information to my parent(s)/guardian(s) as designated below.

Grades Bills Attendance Enrollment Conduct Health or Safety Information

Additional information to be released: _____

Name of designated Parent(s)/Guardian(s) _____
Please type or print clearly

Date of Authorization: _____ Student’s consent expires at end of 1 year from date of Student Signature

Approval

Student Signature

Date