



Dual Enrollment Registration Form

The student, parent/guardian, and high school counselor should discuss if taking a dual enrollment course is right for the student. The high school counselor can assist the student in picking out specific courses to take. This form must be submitted prior to registration.

Student Information

Name: _____ Colleague ID: _____
Last First M.I.

Home Address: _____
Street City State Zip

Date of Birth: _____ Student Phone Number: _____ High School: _____

Student Email Address: _____

Please write down an email address you check regularly.

Registration Information

Semester of Registration Fall Spring Summer Year: _____

The student has completed the following steps to enroll as a dual enrollment student:

- Completed [Dual Credit/Dual Enrollment Application](#) (this only has to be done one time, so if you have previously taken dual credit/dual enrollment courses, you have completed this step).
- Taken a [placement test](#) or submitted an alternate placement measure, such as SAT scores (needed for math, English, and some science courses) by uploading evidence with your application.
- Reviewed and signed the consent form along with parent/guardian and high school Administrator.

Course Registration

Dept.	Course	Section	Course Title	Credit Hrs.	Days	Times	Location
<i>ECE</i>	<i>110</i>	<i>004</i>					
<i>Example</i>	<i>Only</i>						

The high school will sponsor payment of:

- Tuition & fees
- Textbooks
- Course materials (specify): _____
- None

If the student/Counselor decides to drop the above courses, they must do so by notifying the Dual Credit Office at dualcredit@triton.edu.

Principal or Counselor Signature _____ Date _____

Student Signature _____ Date _____

To be completed by Office of Dual Credit	
Date Received:	Initials:
Date Registered:	Initials:
Email Confirmation:	Initials:

Triton College Office of Dual Credit | A-125
dualcredit@triton.edu | (708) 456-0300 ext. 3846