

Registration / Permission for High School Student Enrollment in Dual Credit Classes
Fall Semester 20 _____ **Spring Semester 20** _____ **Summer 20** **20** _____

Student ID/Last 4 digits SSN (Optional) _____ **Date of Birth** _____

Student Name _____
Last First Middle
Student Address _____

City _____ **State** _____ **Zip Code** _____

Home Telephone _____ **High School** _____

My Educational Goal is: (Check One)

- | | |
|--|---|
| <input type="checkbox"/> Prepare for a future job | <input type="checkbox"/> Prepare to transfer to another institution |
| <input type="checkbox"/> Improve basic academic skills | <input type="checkbox"/> Personal interest/self-development |

I wish to register for the following credit course(s) at Kishwaukee College:

Prefix-Number-Section	Title	Credit Hours	Day/Time
MAT 229	Calculus & Analytic Geometry I	5	
The above course will be taken for <input type="checkbox"/> Dual Credit (credit will be granted for both high school and college credit) <input type="checkbox"/> Dual Enrollment (College credit only)			
Prefix-Number-Section	Title	Credit Hours	Day/Time
The above course will be taken for <input type="checkbox"/> Dual Credit (credit will be granted for both high school and college credit) <input type="checkbox"/> Dual Enrollment (College credit only)			
Prefix-Number-Section	Title	Credit Hours	Day/Time
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Prefix-Number-Section	Title	Credit Hours	Day/Time
The above course will be taken for <input type="checkbox"/> Dual Credit (credit will be granted for both high school and college credit) <input type="checkbox"/> Dual Enrollment (College credit only)			

I authorize Kishwaukee College to release information related to my academic record to my parent/guardian.
Student signature _____ **Date** _____

I approve the student to attend Kishwaukee College for the semester and course(s) above and agree to pay the tuition charged.
Parent or Legal Guardian _____ **Date** _____

High School Administrator, please complete.

The above mentioned student has my permission to take the courses listed above through Kishwaukee College.

- The student's current high school grade point average (GPA) is _____ on a _____ scale.
- The student will have junior or senior standing as required for dual credit.

High School Principal / Designee _____ **Date** _____

Please return completed form to:

Math/Science/Manufacturing Division Office
Kishwaukee College
 21193 Malta Road
 Malta, IL 60150