



Dual Enrollment Registration Form

High school students who have been approved by their local school district to participate in the Dual Enrollment program should complete our online application and then submit this form along with your official high school transcripts to:

CCBC - Admissions & Registration

1 Campus Drive

Monaca, PA 15061

Student Information

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

E-Mail Address: _____

High School Information

High School Name: _____

High School Address: _____

Guidance Counselor's Name: _____

Counselor's Phone Number: _____ E-mail: _____

Students Current Grade Level: _____ Student's Anticipated Graduation Year: _____

Course Selection

Please complete a new Dual Enrollment Registration form each semester, using the section below to indicate the course(s) that you would like to enroll in. Our current schedule for credit courses is available through the "Course Search" at <https://my.ccbc.edu>.

	Course Code	Course Title	Scheduled Day & Time	Course Location
1				
2				

High School Authorization (Signature is required)

I approve the course(s) selected and verify that this student has demonstrated adequate academic preparation and the ability to benefit from advanced scholastic course work. I hereby grant permission for this student to enroll in the Dual Enrollment Program at Community College of Beaver County.

Signature of High School Principal or Guidance Counselor

Date

Parent / Guardian Authorization (Signature is required)

I have reviewed the Dual Enrollment Registration form and approve of my child enrolling in the course(s) stated above. I understand that transportation to and from Community College of Beaver County will not be provided. Furthermore, I understand that my child will be expected to adhere to all student and academic policies of CCBC, including those policies related to dual enrollment and withdrawing from a course. I have been advised if my child withdraws from a course, I will be responsible for the cost of tuition as determined by the college.

Signature of Parent or Legal Guardian

Date

Student Certification (Signature is required)

I certify that the above information is complete and accurate. I understand that I am responsible for requesting that my high school forward my official transcript to the college.

I authorize Community College of Beaver County to release any information, including grades, evaluations, and transcripts to the high school named above at any time throughout the enrollment period. I also authorize representatives from the college, including my professor, to discuss course progress with high school officials and/or my parent/guardian at any time. I understand that I will be expected to adhere to all student and academic policies of CCBC, including those policies related to dual enrollment and withdrawing from a course. I have been advised if I withdraw from a course, I will be responsible for the cost of tuition as determined by the college.

Signature of Student

Date



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Placement Testing Waiver

I, _____, (Signature of High School Principal or Guidance Counselor)

do hereby request a waiver of placement testing for the following student

_____, for the

Insert Year

Fall ____ Semester

Spring ____ Semester

Summer ____ Semester

I approve the course(s) selected and verify that this student demonstrates adequate academic preparation and the ability to benefit from advanced academic course work. I hereby grant permission for this student to enroll in the **College in High School and/or the Dual Enrollment program** at the Community College of Beaver County.

Signature of High School Principal or Guidance Counselor

Date