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Dual Credit Registration Form

Student ID: _____ Student Name: _____

High School: _____ Grade Level: 9th 10th 11th 12th

Semester: Fall Spring Summer Year: _____

All dual/concurrent enrollment courses taken at the University of Arkansas will count for college credit and will be included on U of A transcripts. The University of Arkansas does not award high school credit. It is the student's responsibility to request high school credit from their high school counselor.

Dual Enrollment — Course(s) is for college credit only. I will not be seeking high school credit for completed course.

Concurrent Enrollment — Course(s) is for college credit and high school credit. I understand it is my responsibility to request high school credit for completed course.

Example:

Course Number	Subject/Course	Course Title	Credit Hour	Time	Online (Y/N)	Location	Instructor
012345	ENGL 1013	Composition 1	3	11:00 - 11:50	N	KIMP	Smith

Course Number	Subject/Course	Course Title	Credit Hour	Time	Online (Y/N)	Location	Instructor

For high school or home school counselor completion:

I, _____ (Print Name), have reviewed and authorize the above course(s) and recommend the student enroll in them without reservation. Additionally, I confirm that the student has the appropriate prerequisites, placement scores and GPA.

Principal/Counselor Signature: _____ Date: _____ GPA: _____

For student and parent completion:

I, _____ (Print Name), have reviewed the authorized registration into the above course(s). I understand that it is the student's responsibility to check their schedule for the correct days and times. I also understand that the student is responsible for setting up a payment plan or paying tuition and fees in full. I understand that if I do not pay before the payment deadline posted on the Academic Calendar, I may be dropped from my classes for non-payment or be subject to late fees.

Student Signature & Date (required)

Parent Signature & Date
(Required if student is under 18 years old)