

DUAL ENROLLMENT REGISTRATION REQUEST

Semester: _____

Year: _____

Student Name: _____

High School: _____

BC ID: _____

Grade: _____

E-mail: _____

Phone: _____

COLLEGE READINESS

The above named student meets (or will meet) College Readiness based on the following standard:

English, Language Arts, & Reading (ELAR) <input type="checkbox"/> ACT (23 composite w/ 19+ English) <input type="checkbox"/> SAT (EBRW: 480+) <input type="checkbox"/> ENGL II EOC (Level II: 4000+) <input type="checkbox"/> PSAT/NMSQT (EBRW:460+) <input type="checkbox"/> College Prep (TCB/ HS) <input type="checkbox"/> TSIA <input type="checkbox"/> Certificate-Seeking	Math <input type="checkbox"/> ACT (23 composite w/ 19+ Math) <input type="checkbox"/> SAT (Math: 530+) <input type="checkbox"/> ALG I EOC (Level II:4000+ & HS ALG II) <input type="checkbox"/> PSAT/NMSQT (Math:510+) <input type="checkbox"/> College Prep (TCB/ HS) <input type="checkbox"/> TSIA <input type="checkbox"/> Certificate-Seeking
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COLLEGE REQUIREMENTS

 Students enrolling to BC must have an admission application (ApplyTexas) and proof of Meningitis Vaccine (only required for classes held at BC Campus). All new students are required to participate in New Student Orientation prior to their 1st day of class. Visit www.brazosport.edu/dualcredit for a complete checklist.

<input type="checkbox"/> BC Application Submitted	<input type="checkbox"/> New Student Orientation Part A
<input type="checkbox"/> Meningitis Vaccine	<input type="checkbox"/> New Student Orientation Part B

COURSE SELECTION

Reg #	College Course	HS Equivalent	HS Credit	College Credit	Dual Credit	Method
					<input type="checkbox"/> Dual Credit <input type="checkbox"/> Concurrent	<input type="checkbox"/> HS Campus <input type="checkbox"/> Online <input type="checkbox"/> BC Campus
					<input type="checkbox"/> Dual Credit <input type="checkbox"/> Concurrent	<input type="checkbox"/> HS Campus <input type="checkbox"/> Online <input type="checkbox"/> BC Campus
					<input type="checkbox"/> Dual Credit <input type="checkbox"/> Concurrent	<input type="checkbox"/> HS Campus <input type="checkbox"/> Online <input type="checkbox"/> BC Campus
					<input type="checkbox"/> Dual Credit <input type="checkbox"/> Concurrent	<input type="checkbox"/> HS Campus <input type="checkbox"/> Online <input type="checkbox"/> BC Campus
					<input type="checkbox"/> Dual Credit <input type="checkbox"/> Concurrent	<input type="checkbox"/> HS Campus <input type="checkbox"/> Online <input type="checkbox"/> BC Campus

FAMILY EDUCATION RIGHTS & PRIVACY ACT (FERPA)

I hereby voluntarily authorize officials at Brazosport College (BC) to release FERPA protected educational records to the designated individual(s) listed below:

Person 1: _____	Relation: _____
Person 2: _____	Relation: _____

STUDENT SIGNATURE

 I agree to be enrolled in the courses listed above.
 I understand that I am not officially enrolled until all requirements have been met.

Signature _____ Date _____

COUNSELOR SIGNATURE

Counselor Signature _____ Date _____