



EARLY COLLEGE REGISTRATION FORM

SCC ID: _____	Birthdate: _____	Enrollment Term: Fall_____ Spring_____ Summer_____
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Name: _____
Last First Middle

Address: _____
Street/Route/P.O. Box City State Zip

Home Phone: (____) _____ **Program of Study:** **HS Dual**

High School: _____ **High School Graduation Year:** _____

___ **Dual Credit**-Enrollment in a college-level course, and upon successful completion, earns college AND high school credit.

___ **Dual Enrollment**-Enrollment in a college-level course, and upon successful completion, will earn college credit. No high school credit is given.

[illegible]

- I certify that all the information that I have provided on this form is complete and accurate to the best of my knowledge, and I agree to observe all of the rules and regulations of the institution at which I am enrolled including those included in the Early College Pathways Handbook for Parents & Students, which is available on the Shawnee website, or by request from your Shawnee representative.

Student Signature _____ **Date** _____

Advisor Signature _____ **Date** _____

Dual Enrollment Only:

School Official Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____