Middlesex Community College
Dual Enrollment Registration Form

Name: ____________________________ Middlesex ID: A

High School: ____________________________ SASID: __________
Guidance Counselor: ____________________________
Phone: ____________________________
School District if homeschooled: ____________________________
Homeschool Advisor: ____________________________
Phone: ____________________________

☐ Register for  ☐ Withdraw from  ☐ Fall ☐ Spring ☐ Summer 20____

List MCC courses below. Students may only enroll in courses for which the high school will award credit towards graduation.

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Number</th>
<th>Course Title/ Course Subject</th>
<th>Meeting Day and Time</th>
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I certify that the above named student is a student in good standing at the above named high school with a current grade point average of C or higher OR is participating in an approved homeschool plan from the above named district, and thus may enroll in courses at Middlesex Community College as a Dual Enrollment Student. I also certify that the courses listed above will be credited towards the student’s high school graduation.

Guidance Counselor/Advisor Signature: ____________________________ Date: __________

Student Signature: ____________________________ Date: __________

Note to Parents/Guardians: Dual Enrollment courses are offered at a reduced rate for Massachusetts residents of $92.00 per credit (tuition costs are subject to change). Other applicable fees may apply. Students who reside outside of Massachusetts will be charged the regular college rates per credit.

I understand that I will be responsible for any charges associated with the cost of the Dual Enrollment courses.

Parent or Guardian Signature: ____________________________ Date: __________

MCC ADVISORS ONLY- Please check one:
☐ Returning DE student with above documents sent previously.
☐ New MCC Dual Enrollment Student with application and High School Transcript.
Student GPA: ____________________________ Expected High School Graduation date: __________

MCC Advisor Signature: ____________________________ Date: __________

Please bring this form with you to your Advising Appointment OR
For the Bedford campus, fax to 781-280-3603 Attn: Jason Reynolds.
For the Lowell campus, fax to 978-656-3322 Attn: Kristie Faletra.