



# Middlesex Community College Dual Enrollment Registration Form



<b>Name:</b>	<b>Middlesex ID: A</b>
<b>High School:</b> <b>SASID:</b>	<b>Guidance Counselor:</b> <b>Phone:</b>
<b>School District if homeschooled:</b>	<b>Homeschool Advisor:</b> <b>Phone:</b>
<input type="checkbox"/> Register for <input type="checkbox"/> Withdraw from <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    20__	

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

CRN	Course Number	Course Title/ Course Subject	Meeting Day and Time

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.