

2017-2018 Dual Enrollment Application/Registration Form for Classes Taught in High School

BCC ID. No.	if available Email:				
		se print email address	clearly)		
Last Name	First Na	ıme	Middle	 Male	Female
		/ /	*	/ /	
Street Addre	255	Birth Date	Social Se	curity Number *Requ	ired
City, State,	Zip Code		hone Number		
High School	Name		Ехр	ected H.S. Graduation	Date
High Schoo	ol Class /Teacher	Colleg	ge Class (Example: U	S HISTORY I - HIS-111	Credits
1.					
2. 3.					
Total Credits	<u> </u>				
Approval and must be met.	+ Registration fee (per year) \$: Total (Check or Money Order Attached) All grades will be reflected permission is granted for this student to participal	71.00 15.00 d on a Bergen Community ate in the Dual Enrollment	Please Berg (no co	se make check/money on the new collection of	<u>ege</u>
Signature - (Guidance Counselor	Title		Date / /	
Signature – Administrator or Instructor		Title		Date	
	d that this form is to apply for dual enrollmen rtify that all information provided here is true	_		class/s taught in the I	High
		<u>/</u>			
Signature of Student Date		Signature of	Parent or Legal Gua	rdian Date	

In order to register and receive college credit, students must be actively enrolled in the course.

To obtain transcript: www.getmytranscript.com