

C O L L E G E O F
SAINT MARY

Dual Enrollment Registration Form

Name			Date of Birth
_____	_____	_____	_____
First Name	Middle Name	Last Name	
High School			

Course ID (Ex: THL 300)	Course Title
_____	_____

For High School to Complete

I certify the above student is at least 16 years of age by the 10th day of College of Saint Mary's term and has a minimum 3.0 cumulative GPA.

High School Counselor or Designated Representative: _____

Date _____

For Student and Parent/Guardian to Complete

I understand the grades I earn will become part of my permanent college record. I hereby give permission for CSM to release college grades to my high school and my high school permission to share my contact and demographic information with CSM. I understand that official transcripts must be requested in writing from CSM. I understand if I drop a class after the first week of class, I must withdraw in accordance with the CSM academic calendar by filling out the appropriate CSM withdrawal form. I understand that I must be 16 years of age by the 10th day of CSM's term and have a minimum 3.0 cumulative GPA.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____