



Term: _____

Date: _____

Initials: _____

Check the box in front of the college to identify where you plan to receive credit.

- Chandler-Gilbert Estrella Mountain GateWay Glendale Mesa Paradise Valley Phoenix Rio Salado Scottsdale South Mountain

PLEASE PRINT

Legal Name: _____ Date of Birth (MM/DD/YYYY): _____ HS Grade Level: 9 10 11 12

College ID # (Required) 3 _____ Email: _____ To locate your student college ID number, log in to your Student Center at my.maricopa.edu with your (MEID) and password, scroll down to the Personal Information section, and click "Demographic Data".

Mailing Address/Apt. #/City/State/Zip Code: _____

High School Name: _____ Expected High School Graduation Date: _____ MM/YY

Table with 7 columns: Term, Year, Course Prefix, Class Number, Class Hour, Instructor, Credits

Total Semester Credits _____ x Credit Hour Rate \$ _____ = \$ _____ + \$15 Registration Fee TOTAL AMOUNT DUE \$ _____

In-state tuition* is \$86 per credit hour, plus a \$15 registration fee. In some cases, your high school or other party may subsidize the rate per credit hour. *To qualify for in-state tuition students must provide proof of lawful presence in the United States.

STUDENT - PLEASE READ AND SIGN HERE:

I agree to the exchange of academic information between the participating institutions, including but not limited to college grade reports, transcripts, and any other pertinent documents.

Student Signature _____ Cell Phone Number _____ Date _____

PARENT/GUARDIAN - PLEASE READ AND SIGN HERE:

As a parent or legal guardian, I give permission for the above named student to enroll in the course(s) listed above. I agree to notify the Dual Enrollment Office at the college of choice regarding changes in enrollment, including dropping, adding, or changing classes.

above named student will be establishing a college academic record and will be required to report such enrollment to future colleges or universities. He/she will be subject to the course requirements, grading standards and attendance requirements established by the instructor in the course syllabus.

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____ Parent/Guardian Email _____ Cell Phone Number _____ Date _____

THIS BOX TO BE FILLED IN BY HIGH SCHOOL OR COLLEGE OFFICIAL

SAIS #: (Student Accountability Information System) (Required) _____

Check all that apply:

- PSAT >= 93 SAT >= 930 ACT >= 22 AzMERIT >= Proficient ELA MATH

HB2008 _____ ID _____ Prerequisite _____ Maricopa Grant _____

I have reviewed the information on this form, and certify that the student is eligible to participate in dual enrollment.

Signature of Official _____ Date _____ High School Official MCCC Official

Accuplacer Score: WritePlacer _____ Elem. Algebra _____ College Algebra _____ Reading _____

AP Score: ENG _____ Calc A/B _____ Calc B/C _____