

Circle Term: Fall Spring Summer

Year: _____



Dual Enrollment Student Registration Form

(This registration form is for high school students approved to take college-level courses. Currently enrolled Brenau students must use the Registration/Drop/Add Form.)

STUDENT INFORMATION:

Last Name	First Name	Middle Name	ID #
Birthdate	Contact # (Work/Day or Cell)		Contact e-mail Address

COURSE INFORMATION: (Courses may not be added after official add period ends)

Dept BY	Course #	Sec. G1	Title Sample Course	Day/Time/Location Student Hall MWF 8-9	Hours 3.0	Instructor Approval (if required)	Dept. Chair/Dean Appr. Pre-Req. Waiver	Dept. Chair/Dean Appr. Course Filled

Students will be subject to the academic policies standing in place the application year they apply to the program.

Signature of student indicates understanding of Dual Enrollment & university policy.

X _____	Date: _____
Signature of student <i>(written signature required)</i>	
X _____	Date: _____
Signature of High School Counselor <i>(written signature required)</i>	

X _____	Date: _____
Signature of parent/legal guardian if student is under 18 <i>(written signature required)</i>	

Registrar's Office Use Only:

Processed By: _____ Date _____

Comments: _____

Registrar/VPAA Signature (if required): _____ Date: _____

PRINT THIS FORM – COMPLETE BY HAND - AND SCAN/EMAIL TO REGISTRAR@BRENAU.EDU

Do not submit this page without your high school counselor’s name/address (if sending paper transcript) or name/email address (if sending an electronic transcript.)

I AUTHORIZE THE REGISTRAR’S OFFICE TO SEND AN OFFICIAL TRANSCRIPT TO MY HIGH SCHOOL. *(complimentary copy)*

SIGNATURE

DATE

SEND BY (check one choice) _____ PAPER or _____ ELECTRONIC

If by paper, send to the following address:

If electronic, send to this email address (must be school counselor email address). Note: If the wrong address is provided, YOU are responsible for completing and paying for a duplicate copy to be sent.
