

Dual Credit Admission/Registration Form

IMPORTANT: Please print legibly

For COD Office use only: Student COD ID: _____

Today's Date: _____

Social Security No.: - -

I do not know or prefer not to provide a Social Security Number.

Name: _____
Last First Middle

Home Address: _____
Street Address Apt. Number

_____ *City State ZIP*

Email address: (please print clearly) _____

Home Phone Number: _____ Cell Phone: _____

Male Female

Birth Date: ____/____/____
month day year Age: _____

Citizenship/Visa Status

- U.S. Citizen Permanent Resident of U.S. F-1 Student Visa Work Visa (H or L Visas)
- Tourist/Visitor/B-1, B-2 Visa Refugee Other

Ethnic Origin

- Asian American Indian/Alaskan Native Black, Non-Hispanic
- Hispanic White, Non-Hispanic Hawaiian/Pacific Islander

If not a U.S. citizen, what is your country of citizenship? _____

Name of High School: _____ Expected year of high school graduation: _____

Grade level: Sophomore Junior Senior

COD course name and number: _____ Section: _____

Location of class: _____ Teacher: _____

Time of class: _____ Term: _____

Do NOT want Dual Credit

All college courses and grades earned through the Dual Credit Program will become part of the student's permanent College of DuPage record and will be reflected on the student's official College of DuPage transcript. A grade of "W" may affect a future application for financial aid.

Signature of student

Date

Complete form and submit to your teacher.

For COD office use: RGN Initials: _____ Date: _____