

**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: \_\_\_\_\_