



## On-Campus/Online Registration

(Student must also submit an application each semester they wish to enroll)

### Personal Information- REQUIRED

Full Legal Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID: \_\_\_\_\_  
Month/Date/Year \*You will have an ID if you have previously enrolled at Great Falls College

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Type: Cell  Home

Name of High School: \_\_\_\_\_ Name of counselor: \_\_\_\_\_

### Release of Information- REQUIRED

The Dual Enrollment Program is a joint program between Great Falls College MSU and your high school. As a joint program, the college and your high school have determined that it is administratively necessary for enrollment, attendance, and grades earned in college courses to be shared with your high school. **No academic information from Great Falls College MSU will be released to your parents/guardians unless you expressly consent to such via the disclosure below.**

I DO NOT authorize Great Falls College to discuss and/or release ANY information to a parent/guardian.

I hereby authorize Great Falls College MSU to discuss and/or release the following information to my parent(s)/guardian(s) as designated below: Please check the appropriate boxes below:

Grades

Attendance

Conduct

Bills

Enrollment

Health or Safety Information

Additional Information: \_\_\_\_\_

Name of designated Parent(s)/guardian(s): \_\_\_\_\_

Student signature: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

*\*student's consent expires at end of 1 year from date of student signature.*

### Registration Checklist- Carefully review and check each box before turning in packet

I understand I must follow the College's official academic year calendar, timelines, catalog, policies, and procedures.

I understand certain courses such as accounting, math, writing, some sciences, etc. need [placement scores](#). Options for placement are listed with the subject and I am responsible to provide one of those methods of placement.

I have approval signatures from my parent/guardian and high school official/home school administrator and have already turned in a **Dual Enrollment application form** or plan to with this paperwork.

I understand that if my Dual Enrollment application or Dual Enrollment registration paperwork is turned in with missing signatures, no placement scores, incorrect CRNs, or is otherwise found to be incomplete, I will not be registered. A reasonable effort will be made to reach out, but it is the student's responsibility to turn in a complete application and registration form on time.

## Course Selection- REQUIRED

Please use our online Class Scheduling tool to search for classes and locate course information, including prerequisites and course fees. Scheduling tool can be found at [https://prodmyinfo.montana.edu/pls/gfagent/bzskcrse.PW\\_SelSchClass](https://prodmyinfo.montana.edu/pls/gfagent/bzskcrse.PW_SelSchClass)

1 <sup>ST</sup> 8-Week Block						
Course	Course Title	CRN- Course Reference #	Instructor	Credits	Dual Credit (DC) OR College Credit (CC)	
Ex: CSCI 105-180	Computer Fluency	12345	Robinett	3	DC	CC
					DC	CC
					DC	CC
					DC	CC
2 <sup>nd</sup> 8-Week Block						
					DC	CC
					DC	CC
					DC	CC
Full Semester						
					DC	CC

## Cost & Billing- Required

- Through the **1-2-Free program**, students enrolling are eligible for two free courses (up to six credits)
- Additional courses are billed at 50% of regular tuition costs and while exempt from mandatory fees, may be assessed course/program fees.
- If a bill is assessed, students will receive it by mail. Dual Enrollment students are responsible for complying with applicable campus payment policies, procedures, and methods.

Party responsible for payment: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian/ High school Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Designation of a responsibly party indicates consent for the college to discuss the bill with the party designated.*

## Approval Signatures- REQUIRED

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High School/Home school administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Required- The High School official/ home school administrator signature certifies that the student meets the requirement for dual credit or College-only credit, is enrolled at a Montana high school accredited by the Montana Board of Public Education and has verification of all required immunizations on file at the High School.*

## Submission Options

**This registration form must be turned in along with an application form each semester.**

**Registration can be turned in the following ways:**

- By attaching it with the paperclip icon on the DocuSign application;
- Scanning and emailing it to [dual@gfcmsu.edu](mailto:dual@gfcmsu.edu);
- Taking a photo and emailing it to [dual@gfcmsu.edu](mailto:dual@gfcmsu.edu);
- Bring it in-person to Student Central at Great Falls College;
- Fax it to 406-771-4329 (email [dual@gfcmsu.edu](mailto:dual@gfcmsu.edu) to ensure it is received)

