Questions:

dualenrollment@mtech.edu

Personal Information- REQUIRED

Full Legal Name:			
Last	First		Middle
Date of Birth://	Social Security Numbe	r:	
mm dd YYYY	*provision of SSN is voluntary & only	y used to distinguish individ	luals of the same or similar names
AA-Waa Addaaa	2 :	. .	710
Mailing Address:	City:	State:	ZIP:
E weil		Discourage	
E-mail		Phone #:	
Country of Citizenship: If not U.S.,	, are you a permanent resid	dent alien of the l	J.S.?YES NO
Name of High School or Home School:		Expected Gi	aduation Year:
Voluntary Statistical Information			
Montana institutions of higher education using this application do not dis of race, gender, national origin, color, age or physical or mental handicap information provided is for statistical analysis only.	· · · · · · · · · · · · · · · · · · ·		
Gender: Ethnicity:	Indicate all races that a	apply:	
Male Hispanic of Latino	White		
Female Not Hispanic or Latino	American Indian or	· Alaskan Native	
Other	 Asian		
	Black or African Am	nerican	
	Hawaiian or Pacific		
	*If other, please specify		
Have either of your parent(s)/guardian(s) completed			
The second of th			
Safety & Security Questions- REQUIRED			
An affirmative response to any of these questions will not automatically information will be reviewed by a campus committee to ensure campus s dismissal.	·	•	
Have you ever been convicted of a felony? (please in	clude instances of deferred	I sentencing)	_YESNO
Have you ever been subjected to court-ordered confinersons or property?YES NO	inement for threatening or	causing physical	or emotional injury to
Have you ever been disciplined, suspended from, or pacademic reasons? YESNO	placed on probation at any	education institu	tion for non-
Have you ever been required to register as a sexual o	or violent offender?YES	NO	
If appropried VEC to approach the acceptions of the	co cynlain:		
If answered YES to any of the questions above pleas	se explain:		



Course Selection – REQUIRED

Students must satisfy all course prerequisites and provide placement test scores when required upon registration.

Registration will not be processed unless documentation of score is attached or on file at Montana Tech. We are NOT responsible for the wrong course section made on the student's behalf. Students taking online courses will follow the College's official timelines, catalog, policies and procedures.

Course	Course Title	CRN	Instructor	Credits	Course Selection

Approval- All THREE SIGNATURES REQUIRED

Student Signature: *Required	Date:
Parent/Guardian Signature: *Parent/Guardian Signature is required if the student is under 18 years of age and indicates acceptance of obligation	Date:n for payment of the courses taken.
High School Official Signature: *The high school official signature certifies that the student meets the requirements for dual credit or college-only-caccredited by the Board of Public Education, and has on file at that school verification of all required immunizations	

Cost & Billing Information REQUIRED

Credits	Cost	Credts	Cost	Credits	Cost
1	\$ 60.90	5	\$304.50	9	\$548.10
2	\$121.80	6	\$365.40	10	\$609.00
3	\$182.70	7	\$426.30	11	\$669.90
4	\$243.60	8	\$487.20	12	\$730.80

Designation of a responsible party indicates consent for the college to discuss the bill with the party designated

Questions:

Scholarship Application - OPTIONAL

Student enrolling in the dual enrollment courses through Montana Tech are eligible for two free courses (up to six credits) through the ONE-TWO-FREEE program. After a student has utilized the free courses, they may be eligible to receive a scholarship to cover any tuition that exceeds what is covered through the ONE-TWO-FREE program. If the student is determined eligible, they may enroll in additional dual enrollment course free of charge.

Students must reapply each semester for the scholarship. If a student meets the criteria, the scholarship will automatically be applied to their student account at Montana Tech.

Student Information- REQUIRED

·		
Full Name:		
Last	First	Middle
Date of Birth://	Phone #	High School:
Enrollment Term:	Graduation Year:	<u> </u>
Student Signature:		Date:
Parent/Guardian Signature:		Date:
This form requires a parent or guyou.	uardian signature. If that is not pos	sible, a school official or social worker can sign for
Scholarship Eligibility- REQUIF	RED	
Please shock all that apply:		

3611016	arising Englowity Regorder
Please	check all that apply:
	Receive free or reduced school lunch
	Household participates in SNAP
	Household participates in WIC
	Household receives Sec. 8 housing voucher
	Household member participates in Healthy Montana Kids (HMK)
	Household participates in TANF
	Household member receives SSI
	Household participates in Head Start
	Student is a Foster Care Youth
	Student or family is experiencing homelessness
	I acknowledge that I may be required to provide documentation for any of the above.

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Authorization for Release of Information - OPTIONAL

Dual Enrollment Student Authorization for Release of Information:

Dual Enrollment:

The dual credit program is a joint program between a college of the Montana University System (MUS) and your high school. As a joint program, the college and your high school have determined that it is administratively necessary for attendance and grades earned in college classes be shared with your high school. No academic information from the college which you are enrolling will be released to your parents unless you expressly consent to such disclosure below.

College-Credit-Only:

The release of student information to a student's parent by either the high school or college, will be governed by the State and Federal laws governing those separate institutions. As a result of such laws, the college will not release information to your parents unless you expressly consent to such disclosure below.

Information to Release to Parent / Guardian

I hereby authorize the college to discuss and / or release the following information to my parent(s) / guardian(s) as designated below:
□ Grades
□ Bills
□ Attendance
□ Enrollment
□ Conduct
☐ Health or Safety Info
Additional Information to be released:
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