

## DUAL CREDIT/DUAL ENROLLMENT HIGH SCHOOL STUDENT REGISTRATION

Quad-Cities Campus 6600 34<sup>th</sup> Ave. Moline, IL 61265 309-796-5100

Name:_			BHC ID#:						
Billing A	Address:								
Billing Address:  House/Apt. Number Street								Zip Code	
Parent/G	Guardian Phone Number:			Stud	lent E-ı	mail:			_
Student Phone Number:				Birth Date:			Grade	Grade Level:	
Semest	er & Year of BHC Class: 🗆 Fal	I □ Spring □ S	ummer Y	r High	Schoo	ol:			_
Check Class						BHC Use			
you are taking	High School Course Name	Instructor	H.S. Credit	Course Prefix and No. (Ex. – ENG 101)	Cr Hr	Prerequisite Met?	CRN	Sect.#	Tuition/ Dual fee
			Y N						
			Y N						
			Y N						
			Y N						
			Y N						
To Fa W All It is Pa pa	andbooks, found at www.bhc.ed withdraw from a class, all stude allure to officially withdraw from lithdrawal during 1st week = 75 courses remain on the student's the student's responsibility to crent/Guardian agrees to pay a rent/guardian agrees to pay a	ents must meet w BHC may result in 5% refund, 2 <sup>nd</sup> w is permanent colle check his/her class all tuition and fe any late payment	n an "F" or reek = 50% ege transc ss schedul es that ap t and colle	n the student's per 6 refund, after 10 ript including grad e in myBlackHaw oply to the course ection fees if nec	maner th day les and k to be es by t essary	nt college transon no refund.  d/or withdrawals sure he/she is the payment do  /.	registered for th ue dates. In add	lition, the	
Student Signature:									
Parent/G	Guardian Signature:						Date		<del> </del>
Parent/G	Guardian Printed Name								
Parent/G	Guardian E-Mail:								
School	Official's Signature:					Da	te		
DC:	: ⇒ES: ⇒AR:			⇒SY	ΔΠΙΙΔ	L:	⇒SGAS	ΔDD·	