

## DUAL CREDIT/DUAL ENROLLMENT HIGH SCHOOL STUDENT REGISTRATION

Name:					BHC ID#:					
Billing Address: House/Ap	t Numbor	Street		City			State		Zip Code	
Parent/Guardian Phone Number:										
Student Phone Number:					Birth Date:			Grade Level:		
Semester & Year of BH	C Class: 🗆 Fall 🛛	□ Spring □ Su	ımmer Yr	_ H	ligh Scho	ol:				
					BHC Use					
Course Name	Course Prefix and No. (Ex. – ENG 101)	H.S. Credit	Instructor	Cr Hr	Prereq Met?	CRN	Sect. #	Tuition/ Dual fee	Billing Student / School / or 3 <sup>rd</sup> Party	
		ΥN								
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		YN								
		Y N								
		Y N								
Students will abide Handbooks, found To withdraw from a Failure to officially <b>Withdrawal durin</b> All courses remain It is the student's re <b>Parent/Guardian a</b> <b>parent/guardian a</b>	at <u>www.bhc.edu</u> . a class, all students withdraw from BH g 1 <sup>st</sup> week = 75% on the student's p esponsibility to che agrees to pay all t grees to pay any	s must meet wi C may result in refund, 2 <sup>nd</sup> we ermanent colle eck his/her clas tuition and fee late payment	th their counselo a an "F" on the str eek = 50% refun ege transcript incl s schedule in my es that apply to and collection to	r to cor udent's d, afte uding g /BlackH the cou fees if	nplete a D permanen r 10 <sup>th</sup> day grades and lawk to be urses by f necessar	Drop/Add Fo nt college tra no refund. d/or withdra sure he/sh the paymer	rm. anscript. wals. e is register	ed for the s. In addit	desired BHC class	
Student Signature:					Date					
Parent/Guardian Signat	ure:							_ Date		
Parent/Guardian Printe	d Name:									
Parent/Guardian E-Mail	:									
School Official's Signature:										
DC:	⇔ES: ⇔AR:			₽	⇔SYADUAL:			⇔SGASADD:		