



**DUAL CREDIT/DUAL ENROLLMENT
HIGH SCHOOL
STUDENT REGISTRATION**

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

Name: _____ BHC ID#: _____

Billing Address: _____
House/Apt. Number Street City State Zip Code

Parent/Guardian Phone Number: _____ Student E-mail: _____

Student Phone Number: _____ Birth Date: _____ Grade Level: _____

Semester & Year of BHC Class: Fall Spring Summer Yr. _____ High School: _____

Check Class you are taking	High School Course Name	Instructor	H.S. Credit	Course Prefix and No. (Ex. - ENG 101)	Cr Hr	BHC Use			
						Prerequisite Met?	CRN	Sect. #	Tuition/Dual fee
			Y N						
			Y N						
			Y N						
			Y N						
			Y N						

Parent/Guardian Consent to Participate in Dual Credit/Dual Enrollment Program

Please initial or check to acknowledge that you have read and understand the following:

_____ Students will abide by Black Hawk College's Policies and Procedures as outlined in the Student Handbook and Dual Credit/Dual Enrollment Handbooks, found at www.bhc.edu.

_____ To withdraw from a class, all students must meet with their counselor to complete a Drop/Add Form. Failure to officially withdraw from BHC may result in an "F" on the student's permanent college transcript.

Withdrawal during 1st week = 75% refund, 2nd week = 50% refund, after 10th day no refund.

_____ All courses remain on the student's permanent college transcript including grades and/or withdrawals.

_____ It is the student's responsibility to check his/her class schedule in myBlackHawk to be sure he/she is registered for the desired BHC classes.

_____ **Parent/Guardian agrees to pay all tuition and fees that apply to the courses by the payment due dates. In addition, the parent/guardian agrees to pay any late payment and collection fees if necessary.**

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Printed Name: _____

Parent/Guardian E-Mail: _____

School Official's Signature: _____ Date _____

DC:	⇒ES:	⇒AR:	⇒SYADUAL:	⇒SGASADD:
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