

Dual Credit Course Registration

All fields are required in order to process

To enroll in dual credit courses, students must have junior or senior class standing with <u>one</u> of the following: cumulative grade point average of 3.0/'B' or higher, 20 ACT score or higher, be in top half of class; or be recommended by high school academic staff.

Name:						
Last Name			Legal First Name	I	Middle Name	
Address:			City:	State:	Zip Code:	
NUID: Student Personal Email Address: (Generated when you applied online)			ddress:	Student Phone Number:		
Parent Email Addı	'ess:			Parent Phone:		
High School		Graduation Date		Cumulative GPA	 Class Rank (if available)	
Highest ACT: Con	nposite Score		Math Sub-Score	Current MAP: Math Score		
COURSE SELECTI	ON: 🗆 Fal	I 🗆 Spring	Year:			
Department	Course #	Section #		Title	Credit Hours	

Payment of \$49.00 <u>per credit hour</u> is due with registration (Example: 3 credit hours x \$49 = \$147 tuition) Add on the \$15 matriculation fee if you are registering for the first time for a WSC dual credit course.

□ Check if you have applied for an ACE Scholarship. Date application was submitted to ACE ____

ACE applicants do not need to send the tuition payment with registration form.

All first time students must send the \$15 matriculation fee with the registration form.

If you are denied the ACE Scholarship, it is the student's responsibility to pay the tuition to Wayne State College or cancellation of registration will occur.

REQUIRED SIGNATURES

School Counselor approves GPA, class rank and ACT scores as accurate and meet the requirements. Signature also signifies the school's recommendation of the student for the courses listed above.

Signature of High School Counselor

Printed Name of School Counselor

Date

MM/DD/YY

I approve my son/daughter's enrollment in dual credit course(s) through Wayne State College and will assume financial responsibility for tuition payment of the above listed courses.

Printed Name of Parent

Date

Dual Credit Program contact information: Judith Scherer Connealy Phone: 402-241-6406 Fax: 402-241-6440 E-mail: juscher1@wsc.edu Mailing Address: PO Box 989, South Sioux City, NE 68776