

MISSOURI STATE UNIVERSITY

DUAL CREDIT

Registration Request/Change of Schedule Form and Enrollment Agreement

This is a legal and binding document. Please read the entire document before signing it.

Name: _____ M _____
Last First Middle Initial BearPass Number/Student ID (If known)

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ High School Name: _____
month day year

Indicate semester and year of registration: Fall Spring Summer Year: _____

CLASSES TO BE ADDED:

	Subject	Course Number	Section Number	Credit Hours
Ex.	ENG	110	AB1	3
1				
2				
3				
4				
5				

CLASSES TO BE DROPPED:

	Subject	Course Number	Section Number	Credit Hours
Ex.	ENG	110	AB1	3
1				
2				
3				
4				
5				

To register for classes at Missouri State University, you must agree to abide by university's policies, including those related to payment of fees and those outlined in the university catalog and other official university documents. Please carefully review the details of the Enrollment Agreement on the reverse of this form. If you accept the terms of this agreement, sign the form below.

_____ Date _____
 Student's signature

TO BE COMPLETED BY SCHOOL OFFICIAL (SUPERINTENDENT, PRINCIPAL, ASSISTANT PRINCIPAL, or COUNSELOR)

If the student is requesting to add ENG 110 please provide the ACT English subscore: _____

If the student is requesting to add MTH 135 please provide the ACT Math subscore: _____

Missouri State University - Dual Credit 901 South National Avenue, Springfield, Missouri 65897 Phone: (417) 836-4128 Fax: (417) 836-3716	For Office Use Only Processed by _____ Date _____ Total hours _____
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