



Dual Enrollment Request Form

Part 1 – To be completed by Parent/Guardian. Please print all information

Student's Last Name _____ First Name _____ MI. ____

Date of Birth _____

Age _____ Grade (In August) _____

Email: _____

Address: _____

Part 2 - Registration

Course Name _____

School Attending:

☐ Washington Adventist University ☐ Modern States ☐ Andrews University

Students and Parents please read statement below:

- Student is responsible for paying all costs (tuition, fees, textbooks, supplies, or instructional software) associated with taking dual credit course(s).
- If accepted into the Dual Credit Program, I give permission for the Registrar at Takoma to request my unofficial transcript from selected college.

Student Signature _____ Date _____

Signature, Parent/ Guardian _____ Date _____

Signature of School Official Required:

Signature, Principal or Designee

Date

Print Name