



# CCBC DUAL ENROLLMENT

## Dual Enrollment Registration Form

High school sophomore, junior or senior students who have a 2.8 high school GPA, meet course pre-requisites and have been approved by their local school district to participate in the Dual Enrollment program should complete our online [Dual Enrollment and College in High School](#) application and then submit this form along with your official high school transcripts via email, in person or by mail to the below contact information. If you have previously taken courses with us, you do not need to fill out another application but must complete the below registration form only:

**High School Academy & Dual Enrollment Office**

**1 Campus Drive, Building 5**

**Monaca, PA 15061**

[lia.hazelwood@ccbc.edu](mailto:lia.hazelwood@ccbc.edu)

**\*The cost for dual enrollment courses is the same tuition as our regular college courses for in-county students. Out-of-county students pay dual enrollment rates. The link to our tuition rates is as follows:**

<https://www.ccbc.edu/TuitionFees>.

**Students will need to log into their MyCCBC account to view and pay their balance. CCBC has transitioned to paperless billing.**

### Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ (please provide a non-school related email)  
 Phone Number: \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_  
 Parent Email Address: \_\_\_\_\_

### High School Information

High School Name: \_\_\_\_\_  
 High School Address: \_\_\_\_\_  
 School Counselor's Name: \_\_\_\_\_  
 Counselor's Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Course Selection

Please complete a new Dual Enrollment Registration form each semester, using the section below to indicate the course(s) that you would like to enroll in. Our current schedule for credit courses is available through the "Course Search" by clicking on the following: [College Course Search](#)

	Course Code	Course Title	Scheduled Day & Time	Course Location
1				
2				



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### **High School Authorization (Signature is required)**

I approve the course(s) selected and verify that this student has demonstrated adequate academic preparation and the ability to benefit from advanced scholastic course work. I hereby grant permission for this student to enroll in the Dual Enrollment Program at Community College of Beaver County.

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Signature of High School Principal or School Counselor

Date

### **Parent / Guardian Authorization (Signature is required)**

I have reviewed the Dual Enrollment Registration form and approve of my child enrolling in the course(s) stated above. I understand that transportation to and from Community College of Beaver County will not be provided. Furthermore, I understand that my child will be expected to adhere to all student and academic policies of CCBC, including those policies related to dual enrollment and withdrawing from a course. I have been advised if my child withdraws from a course, I will be responsible for the cost of tuition as determined by the college.

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Signature of Parent or Legal Guardian

Date

### **Student Certification (Signature is required)**

I certify that the above information is complete and accurate. I understand that I am responsible for requesting that my high school forward my official transcript to the college.

I authorize Community College of Beaver County to release any information, including grades, evaluations, and transcripts to the high school named above at any time throughout the enrollment period. I also authorize representatives from the college, including my professor, to discuss course progress with high school officials and/or my parent/guardian at any time. I understand that I will be expected to adhere to all student and academic policies of CCBC, including those policies related to dual enrollment and withdrawing from a course. I have been advised if I withdraw from a course, I will be responsible for the cost of tuition as determined by the college.

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Signature of Student

Date



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## Placement Testing Waiver

I, \_\_\_\_\_, (Name of High School Principal or School Counselor) do

hereby request a waiver of placement testing for the following student

\_\_\_\_\_, for the

**Insert Year**

Fall \_\_\_\_\_ Semester

Spring \_\_\_\_\_ Semester

Summer \_\_\_\_\_ Semester

I approve the course(s) selected and verify that this student demonstrates adequate academic preparation and the ability to benefit from advanced academic course work. I hereby grant permission for this student to enroll in the **College in High School and/or the Dual Enrollment program** at the Community College of Beaver County.

\_\_\_\_\_  
Signature of High School Principal or School Counselor

\_\_\_\_\_  
Date