

OFFICE OF ADMISSIONS DUAL ENROLLMENT UPDATE



MTC ID: _____ Semester _____ Fall _____ Spring _____ Summer _____ Year 20 _____

Last Name _____ First Name _____ Middle _____

Street Address (include apt. #) _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Email Address _____

High School Name _____

To Be Completed by Student

As a Midlands Technical College (MTC) Dual Enrollment student, I understand and agree:

- > I am responsible for adhering to all MTC policies and procedures, which can be accessed at MIDLANDSTECH.EDU. I will be responsible for any tuition and fees associated with courses taken on MTC campuses.
- > MTC will release my educational records regarding courses to my parent/guardian and on my written request to the high school or home school accountability group listed above.
- > **I certify these responses are true to the best of my knowledge. I understand any intentional falsification or failure to provide complete information may result in disciplinary action including denial of admission or dismissal after admission.**

Student Name (please print) _____

Date _____

Student Signature _____

Social Security Number _____

DUAL ENROLLMENT PARENT/STUDENT AGREEMENT

- > I understand that by allowing my child to participate in the Dual Enrollment program, I will be responsible for following the guidelines and academic calendar of not only the high school, but also of the college.
- > I will be responsible for any tuition and fees associated with courses taken on MTC campuses.
- > I hereby give my permission for my son/daughter, _____, to take Dual Enrollment courses provided by MTC.

Parent Signature _____

Date _____

HIGH SCHOOL USE

Grade Level (during enrolled term):

Sophomore Junior Senior

Anticipated Graduation Year: _____

New or Returning Dual Enrollment Student?

New Returning

Student must place into any courses he/she wishes to take.

Placement Test Date: _____

Principal or Designee (printed): _____

Signature and Date: _____

High School Comments: _____

MIDLANDS TECHNICAL COLLEGE USE

ACCUPLACER®

Date Taken: _____

Arithmetic: _____

Elementary Algebra: _____

College-Level Math: _____

Reading: _____

Writing: _____

Legal Presence SCLTA Waiver Transcript

MTC Staff Initial and Date: _____