

Dual Enrollment Registration Form

Banner ID (if known) @						Semester (Please indicate fall, spring, or summer and year)				
Student Name (Last, First, MI)						High School				
CRN				Subject	Course Number	Section Number	Days	Time	Bldg./Room	Instructor
				COURSE SELECTIONS		a) requests are slee	and			
CRN CRN			e provid	de an alternate selectio Subject	Course Number	Section Number	Days	Time	Bldg./Room	Instructor
1			_	proval nowledges and approv	es the courses se	elected.			•	
	Student signature			ture	Date		School Counselor		Date	
	lf	f the a	pplicar	nt is under 18 years of a	age, please provi	de parent or guardi	an signature below.			
	Parent/Guardian signature Date				Date					

NOTES:

- (1) Selecting courses does not guarantee registration. After admission, you will receive confirmation of your registration via email.
- (2) All new students must attend Dual Enrollment Orientation. Please note that any
- (3) Students who wishes to register for a Math or English course must complete placement testing and will not be registered until the placement test has been completed and the test scores have been reviewed to determine eligibility.
- (4) By signing this registration form you authorize IUP to report your mid-term grades to your High School (including home school)