



Credit Course Registration Form— High School Dual Enrollment Courses

FALL WINTER SPRING SUMMER

Email: access-advise@udel.edu · Phone: 302-831-8843

	COURSE ID NO.									CR HRS	(Please check one)			COURSE TITLE	
	Dept.	Course #	Section #			CR	P/F	AU							
SAMPLE	H	I	S	T	2	0	6	4	1	0	3	<input checked="" type="checkbox"/>			U.S. HISTORY
1.	E	N	T	R	1	0	1				3	X			Entrepreneurship Experience
2.															

STUDENT UD ID NUMBER _____ DATE OF BIRTH _____
MONTH / DAY / YEAR

COMPLETE LEGAL NAME _____
LAST FIRST MIDDLE

ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

STUDENT EMAIL ADDRESS (will contact at this address) _____

STUDENT PHONE NUMBER _____
AREA CODE

NAME OF HIGH SCHOOL _____

Student Agreement: I agree to the following terms and conditions of the University of Delaware's Dual Enrollment Program:

- I hereby give the University permission to register me in the above course(s).
- I acknowledge that I have been provided access to the University Code of Conduct, <https://www1.udel.edu/stuguide/21-22/index.html>, and I agree to abide by all applicable policies and procedures; furthermore, I understand that, if I violate the Code of Conduct, the University may consult with my school but reserves the right in its discretion to determine appropriate sanctions.
- I understand that I will have a University of Delaware academic record and all final grades will be part of this permanent college transcript and count toward my University GPA. If admitted to the University, my GPA as an incoming student will reflect these grades.
- I authorize the University to share registration and grade information with my school.
- I am aware that it is my sole responsibility to initiate any University enrollment action, such as registration, drop, withdraw, or change of grading status from courses.

Student _____ Date _____

Parent/Guardian Permission: I give my child permission to participate in University dual enrollment courses and the Dual Enrollment Program, and I acknowledge that my child's participation is subject to the terms of the Student Agreement above. I understand that the Dual Enrollment Program is governed by the terms of an articulation agreement between the University and the school. By signing below, I acknowledge and agree that University educational records are subject to protection under the Family Educational Rights and Privacy Act (FERPA), and information regarding my child's University education records, including grades, will not be released to me. I may not access my child's University educational records, unless my child follows the process to share access at <https://www1.udel.edu/registrar/students/pgservices.html>.

Parent/Guardian _____ Date _____

School Representative Permission: As an authorized representative of the school, I acknowledge and agree that the student listed above meets the school's requirements to participate in the Dual Enrollment Program.

School Representative _____ Title _____

Date _____

To process the student's registration request, this form must be signed by the student, parent/guardian, and school representative.