



Credit Course Registration Form— High School Students

☐ FALL ☐ WINTER ☒ SPRING ☐ SUMMER

Email: entrexlab@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	☒			U.S. HISTORY
1.															
2.															

DATE OF BIRTH

UNIVERSITY OF DELAWARE ID NUMBER _____ / _____ / _____
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:

- I hereby give the University permission to register me in the above course(s).
- I acknowledge that I have been provided access to the Student Guide to University Policies at <https://www.udel.edu/students/community-standards/student-guide> 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 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 enroll in University of Delaware courses and I acknowledge that my child's participation is subject to the terms of the Student Agreement above. 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 _____

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