

DUAL CREDIT/DUAL ENROLLMENT HIGH SCHOOL STUDENT REGISTRATION

Tuition Due: SUMMER TERM MAY 24, 2023 FALL TERM SEPTEMBER 20, 2023

East Campus 26230 Black Hawk Rd Galva, IL 61434 309-854-1700

Name:		BHC ID#:		
Billing Address:				
House/Apt. Number	Street	City	State	Zip Code
Parent/Guardian Phone Number:	· · · · · · · · · · · · · · · · · · ·	Student E-mail:		
Student Phone Number:		Birth Date:		Grade Level:
Semester & Year of BHC Class:		High School:		

✓ Class Choices	Course Prefix (EX: ENG)	Course # (EX:101)	CRN (5 digits)	Sect # (3 digits)	H.S. Credit? Yes/No	Counselor Enter	Billing: Student, HS, or 3 rd Party Online: \$164 per credit hour	Instructor	Days	Tim	e

Parent/Guardian Consent to Participate in Dual Credit/Dual Enrollment Program

Please initial or check to acknowledge that you have read and understand the following:

Students will abide by Black Hawk College's Policies and Proce	dures as outlined in the Stude	ent Handbook and Dual Cr	edit/Dual Enrollment
Handbooks, found at <u>www.bhc.edu</u> .			

- _____To withdraw from a class, all students must meet with their counselor to complete a Drop/Add Form.
- Failure to officially withdraw from BHC may result in an "F" on the student's permanent college transcript.

Withdrawal during 1st week = 75% refund, 2nd week = 50% refund, after 10th day no refund.

- All courses remain on the student's permanent college transcript including grades and/or withdrawals.
- It is the student's responsibility to check his/her class schedule in myBlackHawk to be sure he/she is registered for the desired BHC classes. Parent/Guardian agrees to pay all tuition and fee balances that apply to the courses by the payment due dates. In addition, the parent/guardian agrees to pay any late payment and collection fees if necessary.

Parent/Guardian Signature:	Date
Print Parent/Guardian Name:	-
Student Signature:	Date
School Official's Signature:	Date

$DC: \qquad \Rightarrow ES: \qquad \Rightarrow AR: \qquad \Rightarrow SYADUAL: \qquad \Rightarrow SGASADD:$	
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