

College Level.

SJR State Dual Enrollment/Early College Program/Early Admissions Registration/Approval Form

Updated: 9/22

CLASS LOCATION: SJR State site				High School site			YEAR & TERM: _						
HIGH SCH	OOL GR	AD YEAR		NEW :	STUDENT	OR RET	URNING STUDENT						
NAME:							DATE OF BIRTH:	/	/_				
	Last		Firs	st		Middle							
EMAIL:						SJR STATE X I	NUMBER (REQUIRED): 3	K00		_			
PHONE N	UMBER:					SCHOOL	:						
			_				Enrollment Program. I I will be dropped from		tand th	nat sh	ould I	make	
STUDENT	SIGNAT	URE:					DAT	E:					
one of the enroll in E	followin nglish or Overa nt is app	g: Pre-ACT, ACT, Math courses m all Unweighted G roved to take the	PSAT, SAT, ust attain a PA:	or PERT. qualifyin course(s)	Official test scor	es must be or Counse ent and to sat	nent Program. Students in file to enroll in College elor's Initials: isfy the required high so	Dual Enrollment Cou	irses.	Stude	nts plai		
CRN/Sect	tion Nu	mber in the eve	ent your fi	irst choi	ce is closed. The	e DE Code is	urs. Under "Alternati for office use only. It ull Semester, 2 = A mini-	is your responsibi	lity to	chec		r	
Courses	Term 1-2-3	CRN/Section Number	Credit Hours	D.E. Code	Course Prefix 8 Number		SJR State Course Title	Times/Online	М	Т	w	R	F
1													
2													
3													
4													
5													
6													
		Total Cr Hrs											
					number in the e		ection is full when your	registration form is	process	sed. Pl	ease		
Courses	Term 1-2-3	CRN/Section Number	Credit	D.E. Code	Course Prefix & Number	&	SJR State Course Title	Times/Online	N4	_	١٨/	В	_
1	1-2-3	Number	Hours	Code	Number		SJR State Course Title	Times/Online	M	Т	W	R	F
2													
3													
4													
5													

Signature of High School Counselor X ______