

Dual Enrollment Application

Fall Spring Summer Year _____

Name (print) _____
Last First Middle Initial Preferred First Name

Home Address _____
Street City State Zip Code

Student Cell # _____ Home # _____ Male Female

Student Email _____ Social Security Number _____

State Assigned Student Identifier (SASID) (MA high school students) _____

I'm enrolled at _____ and plan to graduate in (Month) _____ (Year) _____

Date of Birth _____ Country of Birth _____ Country of Citizenship _____

Ethnic Group: Answer both a & b below

a. Ethnicity: Are you of Hispanic or Latino origin? Yes No

b. Race: Choose one or more from the list below

- African American/Black Asian American Indian or Alaskan Native
 Native Hawaiian/Pacific Islander White/Caucasian

Is English your first language? Yes No If no, list your Primary Language _____

Did your parents graduate from college? **Parent 1:** Yes No **Parent 2:** Yes No

Identifying your academic interests will help us advise you into appropriate coursework at MCC. **Please choose one or two of these Academic Pathways** www.middlesex.mass.edu/discover:

- Arts & Humanities Education Social Science STEM
 Business Health Public Service

I certify that the student named above is a high school student in good standing at _____ with a cumulative grade point average of C (2.0) or higher and may take Dual Enrollment courses at MCC to satisfy high school graduation requirements.

Director of Guidance (or designee) Approval _____

Guidance Counselor Name (print) _____ (sign) _____

Phone # _____ Email _____

Parent or Guardian: I hereby grant permission for my child to apply for Dual Enrollment at Middlesex. Should my child be accepted, I grant permission for enrollment in courses and for the resulting academic records to be released for inclusion in high school records.

Signature of Parent/Guardian _____ Date _____

Name _____ Relationship _____ Phone # _____

Student: If accepted to Middlesex Community College, I agree to accept the regulations of the college as they are outlined in the Student Handbook www.middlesex.mass.edu/studenthandbook. I understand that my academic records will be released to my high school for inclusion in my school records. I certify that all information stated on this application is accurate and complete.

Signature of Student _____ Date _____