

# Dual Enrollment Application

Fall  Spring  Summer Year 23

Name (print) Lion Chelmsford R.  
Last First Middle Initial Preferred First Name

Home Address 100 Any Street Chelmsford MA 01824  
Street City State Zip Code

Student Cell # 978-000-0000 Home # 978-000-0000  Male  Female

Student Email C1XXXX@cpslions.com Social Security Number —

State Assigned Student Identifier (SASID) (MA high school students) 101XX

I'm enrolled at Chelmsford High School and plan to graduate in (Month) June (Year) '23

Date of Birth XX/XX/XXX Country of Birth USA Country of Citizenship USA

### 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](http://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 Mr. Guidance 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 Mr. Guidance

Guidance Counselor Name (print) Mr. Guidance (sign) Mr. Guidance

Phone # 978-251-5111 Email guidancem@chelmsford.k12.ma.us

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 R.W. Lions Date 1/3/23

Name Ralph W. Lions Relationship Father Phone # 978-000-0000

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](http://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 R. Lions Date 1/3/23

# Middlesex Community College

## Dual Enrollment Registration Form

Name: <u>CHELMSFORD LION</u>	Middlesex ID: A00
Register For: _ Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Summer <u>2023</u>	Withdraw From: _ Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <u>20__</u>
<b>High School Students Only</b>	<b>Homeschool Students Only</b>
High School: <u>Chelmsford High School</u>	Homeschool District:
Guidance Counselor Name: <u>Mr. Guidance</u>	Homeschool Advisor:
Guidance Phone Number: <u>978-251-5111 Ext.</u>	Phone Number:

**List MCC courses below.**

*Students may only enroll in courses for which the high school will award credit towards graduation.*

CRN	Course Subject and Number	Course Title	Meeting Day and Time
<u>00000</u>	<u>ART 500</u>	<u>SAMPLE ART COURSE</u>	<u>—</u>

I certify this named student is in good standing at the above named high school with a current GPA of C (2.0) or higher OR is participating in an approved homeschool plan from the above named district. I also certify that the courses listed above will be credited towards the student's high school graduation.

Guidance Counselor/ Homeschool Advisor Signature: Mr. Guidance Date: 1/3/23

Student Signature: C. Lion Date: 1/3/23

Dual Enrollment courses are offered at a reduced tuition rate for MA residents of \$108 per credit (tuition costs are subject to change). Other applicable fees may apply. Students who reside outside of MA will be charged the regular college rates per credit.

I understand that I will be responsible for any charges associated with the cost of the Dual Enrollment courses.

Parent or Guardian Signature: R.W. Lion Date: 1/3/23

*Returning Students-* Please bring this form with you to your Advising appointment.

*New Students-* Please submit this form with your application materials to [DualEnrollment@middlesex.mass.edu](mailto:DualEnrollment@middlesex.mass.edu)