MIDDLESEX
Community College

Concurrent Enrollment Registration Form

Name: _____ MCC ID# A: _____

SASID (Starts with a 1 and is 10 digits. This is not your HS ID number): _____

Register for: □ Fall □ Spring □ Summer 20 ____

High School Students Only

High School: _____ Email: _____

Guidance Counselor Name: _____ Phone: _____

List MCC courses below

CRN	Course Number	Course Title	Meeting Day and Time

I certify this student is in good standing at the high school with a current GPA of C (2.0) or higher. I also certify that the courses listed above will be credited towards the student's high school graduation. Courses may be offered in online, hybrid or on campus format.

Guidance Counselor/Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Concurrent Enrollment courses are offered at a reduced tuition rate for Massachusetts residents of $131 per credit (tuition costs are subject to change). Other applicable fees may apply.

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

Parent or Guardian Signature: _____ Date: _____

MCC Advisor Signature: _____ Date: _____