

DUAL CREDIT / DUAL ENROLLMENT FORM

First Time Dual Credit Students Must Apply to SFCC

Step 1 -Complete the Online Application at: <https://connect.sfccmo.edu/apply/>

Step 2 – Complete ALL information below, including signatures from you and parent/guardian

Step 3 - Turn the completed form into your counselor/instructor by the registration date.

High School: _____

SFCC ID Number:

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Circle the grade you are you enrolling for: Freshman Sophomore Junior Senior

Circle your type of enrollment: Dual Credit- taught at your high school Dual Enrollment- taught at SFCC campus

Circle the term you are registering for: FALL 2024

SPRING 2025

SUMMER 2025

Last Name																	
First Name																Middle Initial	

Date of Birth (MM-DD-YYYY)							
Graduation Date (MM-DD-YYYY)							

Students may be eligible for the Dual Credit/Dual Enrollment Scholarship through DHEWD.
For information and application, please visit: <https://dhewd.mo.gov/ppc/grants/dcdeforstudents.htm>

CRN	Course Title	Part of Term (16-week, 12-week, 8-week)	Instructor	Credit Hours	Online Course	(SFCC Office Use Only)
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

Some dual Credit courses may require additional course fees. Locate the complete list of Dual Credit course fees on the SFCC website.

Online Credit Hours: _____ @ \$94 per credit hour = \$ _____

Other Credit Hours: _____ @ \$79 per credit hour = \$ _____

Total Due = \$ _____

☐ I understand my SFCC student records, including grades, enrollment status, holds, etc. will be shared with my school counselor. Student Initial _____

Students and Parents:

I hereby authorize State Fair Community College to admit and enroll me in the college course(s) indicated above. I agree and understand that I am responsible for the payment in full for the course(s) and that information regarding academic records, attendance, grades, and/or classroom behavior may be shared with school officials. According to RSMo. §431.067, any minor may legally contract to borrow money to defray the necessary expenses of attending any accredited college and shall have full legal capacity to act in his own behalf for the purpose, and shall have all the rights, powers and privileges and be subject to the obligations of persons of full age with respect to the contracts and notes. Furthermore, I agree and understand that full payment of the course(s) will be made prior to completion of the course(s). Failure to make such payments may result in SFCC taking legal and/or collection actions against me, and I understand and agree that any costs, fees, and course materials associated with said actions will be paid for by me.

Student Signature _____ Date: _____

As Parent or Legal Guardian, I agree that I am jointly responsible for the payment of any tuition, fees, and course materials associated with _____ (student's name) participation in the State Fair Dual Credit Program. Furthermore, full payment of tuition will still be required if he/she fails to withdraw from a course prior the last day to add/change registration (see back).

Parent Signature _____ Print Parent Name _____

Principal or School Designee:

High School Use Only

Participating students must meet overall requirements and be recommended by the high school principal or designee. Further, I understand that eligibility for dual credit courses is restricted and attest this student meet's MO DC eligibility criteria including 3.0 GPA and ACT requirements for Freshman, 3.0 GPA for Sophomores or 2.5 GPA for Juniors/Seniors.

Principal or School Designee Signature: _____ Date: _____ Student GPA: _____