# 2026-2027 DUAL CREDIT / DUAL ENROLLMENT

## First Time DC/DE Students Must Apply to SFCC

State Fair Community College | DUALCREDIT

3201 W. 16th Street
Sedalia Mo, 65301
660-596-7221
dualcredit@sfccmo.edu

**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**: | | | | | | | | | |

**Circle your grade for the 2026-2027 school year:** 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 2026 SPRING 2027 SUMMER 2027

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Last Name | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | Middle Initial | | | |

| | Month | | Day | | Year | | | |
|---|---|---|---|---|---|---|---|---|
| *Date of Birth (MM-DD-YYYY)* | | | - | | - | 2 | 0 | |
| *Graduation Date (MM-DD-YYYY)* | | | - | | - | 2 | 0 | |

*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) |
|---|---|---|---|---|---|---|
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*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..*

***Parent Signature***_____ ***Print Parent Name*** _____

**High School Use Only**

**Principal or School Designee:**

*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:*** _____