



Fall 20___ Spring 20___ Summer 20___
Temple College – Dual Credit Registration Form

(Please Print in Blue or Black Ink)

Name: _____ TC ID Number _____ Graduation Year _____
 Home Address _____
 Phone _____ Date of Birth _____ High School _____ Grade Level _____

Highest level of education for parent 1? _____ **Highest level of education for parent 2?** _____

High school endorsement: Arts/Humanities _____ Business/Industry _____ Public Service _____ STEM _____ Multi _____

FALL

Discipline	Course #	Section #	Date/Time	Location

SPRING

Discipline	Course #	Section #	Date/Time	Location

SUMMER

Discipline	Course #	Section #	Date/Time	Location

I acknowledge my enrollment in the above-listed class(es).

Student's signature _____

HIGH SCHOOL COUNSELOR / PRINCIPAL AUTHORIZATION:

I verify that the student above is TSI complete in Reading, Writing, Math.

Working on TSI requirements and meeting the prerequisites for the courses listed above.

The student has my permission to enroll with Temple College for the above-listed semester.

The student will take the course for college credit only and **will not receive high school credit**.

HS Counselor/Principal Signature _____ Date _____

TC use only	NODDC	DCDND	DCADV	Registered Y___N___Reason
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