



# Doral College Dual Enrollment Registration Form

*For use by Doral Preparatory School only*

## ADMISSIONS

If this is the first time a student has sought enrollment with Doral College, the student must first apply for admission through Doral College. **Please note: completion of this form will not substitute the application process.** Students who submit registration forms, but have not been accepted by Doral College through its electronic application process, will not be enrolled. For more info, visit [doral.edu](http://doral.edu).

## STUDENT INFORMATION

Student's First Name	Last Name	Middle Name/Initial	DC Student ID #
Student's Mailing Address		City	Zip
Student's Date of Birth (MM/DD/YYYY)	Phone Number	Email	
Student's Home High School ID#	Current Grade Level	Expected Graduation Date	

## STUDENT & PARENT ACKNOWLEDGMENT

By signing below, the student and the student's parent certifies the following: the student has applied to Doral College and agrees to comply with all College policies including those outlined in the College Catalog & Student Handbook and Enrollment Agreement; and understands that the College will provide a transcript of grades to Doral Preparatory School. All Dual Enrollment courses will be posted to the high school permanent record.

Student's Full Name (print legibly)	Student's Signature	Date (MM/DD/YYYY)
Parent's Full Name (print legibly)	Parent/Legal Guardian's Signature	Date (MM/DD/YYYY)

## DUAL ENROLLMENT COURSE REQUEST & PREREQUISITES

This section must be completed by the student's counselor. Please legibly print below all Dual Enrollment courses that the Counselor approves for the student to take during the term/year selected. **Please note: if a requested course has a prerequisite that the student did not take at Doral College, proof of prerequisite completion (i.e. unofficial MDC transcript or AP test score report) should be attached to this form.** Doral College staff will not process enrollments unless/until completion of any stated prerequisites has been verified. Registration forms must be received by the Doral College office no later than ten (10) days before the start of the intended term.

**Term:** ☐ Fall ☐ Spring ☐ Summer **Year:** \_\_\_\_\_

DC COURSE NUMBER (e.g. ENC 1101)	COURSE TITLE (e.g. English Composition I)	COURSE FORMAT F2F/Online/Hybrid	INITIALS
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Student's Unweighted HS GPA: \_\_\_\_\_

Counselor's Name (print legibly)

Counselor's Signature

Date (MM/DD/YYYY)

### DC STAFF ONLY--Request received and submitted in SIS?

☐ Yes ☐ N

If no, reason: ☐ No student account ☐ Hold ☐ Missing Prereq

☐ Other \_\_\_\_\_

DC Staff Initials:

Date: