



Dual Enrollment Registration Form

Important Dates can
be found online at
delmar.edu/dualenrollment

Semester: Fall Spring Summer 1 Summer 2 Year: _____

Classification: Dual Credit Early College HS CTE Program Status: New DC Returning DC

DMC ID: _____

Last Name: _____ First Name: _____ Middle Initial: _____

DOB: _____ HS Name: _____ Expected Grad Date (MM/YY): _____

Student Email: _____ Student Phone #: _____

Parent Email: _____ Parent Phone #: _____

Dual Enrollment Admission Checklist

- | | |
|---|---|
| <input type="checkbox"/> Submit Apply Texas Application
Application ID: _____ | <input type="checkbox"/> Submit TSI Scores
R-E-M Level: _____
(Level I Certificates waived from TSI; ex: Welding, instrumentation, etc) |
| <input type="checkbox"/> Submit High School Transcript | <input type="checkbox"/> Complete Dual Enrollment Registration Form |
| <input type="checkbox"/> Submit Bacterial Meningitis proof
(Good within 5 years of the beginning of the semester)
Date: _____ | <input type="checkbox"/> Submit College Transcript
(If previously taken DE with another institution) |

Per Del Mar College policy, Dual Enrollment students are allowed a maximum of 15 credit hours in the Fall and Spring semesters. A maximum of 12 hours is allowed for the Summer semesters. It is at the discretion of the Independent School District on how many hours a student is allowed at their high school. Please check with your high school counselor for verification.

No.	Course Name	Section (optional)	Location (select one)			Payment (select one)		Waive Lab Fees
			@DMC	@HS	@Online	Student Pays	ISD Pays	
Ex:	Example: ENGL 1301	.700FA						
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In signing this application, I agree to abide by the rules and policies governing the Dual Enrollment Program in the contracted agreement between the Independent School District (ISD) and Del Mar College (DMC). I authorize the release of my grades between the ISD and DMC.

Original written signature or electronic signature required. Names cannot be typed.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

High School Counselor Signature: _____ Date: _____

ECP Coordinator Signature: _____ Date: _____

SEC Office use only: Initials: _____ Date: _____

If you have any question, please contact the Dual Enrollment office at 361-698-1634 or by email at dualcredit@delmar.edu