| Reading Level: | |
|----------------|--|
| Writing Level: | |
| Math Level: | |

 $\hfill\square$ Permanent Residency Card

Del Mar College Dual Credit Registration Form Fall 2020

Classes Begin: August 24, 2020

| TSI Co | llege | Level | Scores |
|--------|-------|-------|--------|
|--------|-------|-------|--------|

Reading: 351+

Writing: Essay 4 and 340+ or Essay 5

& ABE diagnostic of 4+

Revised 12/03/19 VP

Math: 350+

| Social Security #: | DOB: | | DMC | : | | | |
|--|--|--|----------------------|-----------------|-----------------|--|--|
| High School: | Will you be a Senior during Fall 2020 Semester? □Yes □No HS ID#: | | | | | | |
| Last Name: | First Name: | Middle Name: | | | | | |
| Student Cell #: | Student Email: | | | | | | |
| Parent Cell #: | Pa | Parent Email: | | | | | |
| FALL COURSES 2020 ECP Office Only | | | | | | | |
| Course: | Loca | tion: □DMC □ISD | ☐Online Pay s | s: □ISD □SELF | ☐Waive lab fees | | |
| Course: | Loca | tion: DMC DISD | ☐Online Pay | s: □ISD □SELF | ☐Waive lab fees | | |
| Course: | Loca | tion: □DMC □ISD | Online Pay : | s: □ISD □SELF | ☐Waive lab fees | | |
| Course: | Loca | tion: □DMC □ISD | Online Pay s | s: □ISD □SELF | ☐Waive lab fees | | |
| Course: | Loca | tion: □DMC □ISD | Online Pay s | s: 🗆 ISD 🗆 SELF | ☐Waive lab fees | | |
| In signing this application, I agree to abide by the rules and policies governing the Dual Credit 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. | | | | | | | |
| Student Signature: | ent Signature: Date: | | | | | | |
| Parent/Guardian Signature: | | Date: | | | | | |
| DEADLINES FOR FALL 2020 Registration Packet Priority Deadline: March 18, 2020 Registration Packet Final Deadline: July 17, 2020 Tuition Payment Deadline: July 15, 2020 by 6:00 p.m. (For students registered on or before July 15, 2020) *Dates and deadlines are subject to change based on DMC policy. View DMC academic calendar at delmar.edu/calendar.* | | | | | | | |
| | TO BE COMPLETE | D BY COUNSELO | OR | | | | |
| The student has met all ISD eligibility requirements; this application is approved by: | | | | | | | |
| Counselor's Signature: | | Date: | | | | | |
| DMC Director of Admissions Sign | nature: | Date: | | | | | |
| FOR ECP OFFICE USE ONLY | | Student Type: | ☐ Current | □ New □ | ☐ Former | | |
| ☐ Completed DMC/APPLY TX APP☐ Verified Test Scores☐ HS Transcript☐ Proof of Meningitis☐ Signed FERDA Decument | | ☐ Social Security Card ☐ Address Correction Form ☐ Change of Major Form ☐ Other: | | | | | |
| ☐ Signed FERPA Document☐ College Transcript | | ☐ No Holds☐ Date Sent to SEC: | | | | | |