

Reading Level: _____
 Writing Level: _____
 Math Level: _____

Del Mar College
Dual Credit Registration Form
Summer 2020

TSI College Level Scores

Reading: 351+
 Writing: Essay 4 and 340+ or Essay 5
 & ABE diagnostic of 4+
 Math: 350+

Social Security #: _____ DOB: _____ DMC ID#: _____

High School: _____ HS ID#: _____

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

Student Cell #: _____ Parent Cell #: _____

Email: _____

SUMMER I COURSES 2020 (include section number)

Course: _____ Location: At DMC Online Pays: ISD SELF

Course: _____ Location: At DMC Online Pays: ISD SELF

SUMMER II COURSES 2020 (include section number)

Course: _____ Location: At DMC Online Pays: ISD SELF

Course: _____ Location: At DMC Online Pays: ISD SELF

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: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

DATES FOR SUMMER I 2020

Registration Packet **Priority** Deadline: **March 18, 2020**
 Registration Packet **Final** Deadline: **May 19, 2020**
 Tuition Payment Deadline: **May 19, 2020**
Classes Begin: May 26, 2020

DATES FOR SUMMER II 2020

Registration Packet **Priority** Deadline: **March 18, 2020**
 Registration Packet **Final** Deadline: **June 30, 2020**
 Tuition Payment Deadline: **June 30, 2020**
Classes Begin: July 6, 2020

Dates and deadlines are subject to change based on DMC policy. View DMC academic calendar at delmar.edu/calendar.

TO BE COMPLETED BY COUNSELOR

The student has met all ISD eligibility requirements; this application is approved by:

Counselor's Signature: _____ Date: _____

DMC Director of Admissions Signature: _____ Date: _____

FOR ECP OFFICE USE ONLY

- Completed DMC/APPLY TX APP
- Verified Test Scores
- HS Transcript
- Proof of Meningitis
- Signed FERPA Document
- College Transcript
- Permanent Residency Card

Student Type: Current New Former

- Social Security Card
- Address Correction Form
- Change of Major Form
- Other: _____
- No Holds
- Date Sent to SEC: _____