

Del Mar College

Early College Fall 2020 Registration Form

TSI College Level Scores: Reading Level _____ Writing Level _____ Math Level _____

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

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

High School: _____ Will you be a Senior during the Fall 2020 Semester? Yes No

Student Cell #: _____ Student Email: _____

Parent Cell #: _____ Parent Email: _____

FALL COURSES 2020

Course: _____	Location: <input type="checkbox"/> At DMC <input type="checkbox"/> At ISD <input type="checkbox"/> Online	<input type="checkbox"/> Waive lab fees
Course: _____	Location: <input type="checkbox"/> At DMC <input type="checkbox"/> At ISD <input type="checkbox"/> Online	<input type="checkbox"/> Waive lab fees
Course: _____	Location: <input type="checkbox"/> At DMC <input type="checkbox"/> At ISD <input type="checkbox"/> Online	<input type="checkbox"/> Waive lab fees
Course: _____	Location: <input type="checkbox"/> At DMC <input type="checkbox"/> At ISD <input type="checkbox"/> Online	<input type="checkbox"/> Waive lab fees
Course: _____	Location: <input type="checkbox"/> At DMC <input type="checkbox"/> At ISD <input type="checkbox"/> Online	<input type="checkbox"/> Waive lab fees

EC Office Only

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: _____

DEADLINES FOR FALL 2020

Registration Packet **Priority** Deadline: **March 18, 2020**

Registration Packet **Final** Deadline: **July 17, 2020**

Classes Begin: August 24, 2020

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

Revised 12/03/19 VP