

**Returning Student**

# NAVARRO COLLEGE

## Dual Credit Registration

903-874-6501 OR 903-875-7527

Contact: amy.nicholson@navarrocollege.edu

*This form is to be returned to a Navarro College campus in order to register and, if necessary, pay for the course.*

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: (Street City, ST Zip) \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

The above named student has met the high school's criteria for attending Dual Credit classes.

**High School Official's Signature**

**Date**

High School Class & Teacher	Days/ Times or Class Period	Navarro College Course	Course #	Section #	Fall	Dec. Mini	Spr	May Mini	Sum 1	Sum 2	Dual Credit Academic	Dual Credit Career & Technical	College Credit Only
<i>Example: English Ms. Smith</i>	<i>M-F 8:30-9:50 Or 1<sup>st</sup> period</i>	<i>ENGL</i>	<i>1301</i>	<i>61dc</i>	<i>X</i>						<i>X</i>		

By taking dual credit or concurrent credit classes, I recognize that:

- I must adhere to all policies of Navarro College and my high school.
- I understand that Navarro College assumes no responsibility if I lose eligibility to participate in University Interscholastic League Activities.
- I assume primary responsibility for successfully completing my coursework, including directly dealing with my instructors and Navarro College regarding grades, attendance, and behavior issues.

**Student's Signature**

**Date**

*Dual Credit Academic students: Upon completing registration, please note your tuition responsibilities, as well as, tuition due dates located on your class schedule.*