

Dual Credit

Online Dual Credit Application

| Legal Last Name: | First: | | Middle Initial: |
|---|---|---|---|
| Date of Birth:/ | _/ Social Security (optional): | Male 🗆 Femal | e Prefer not to disclose |
| Race/Ethnicity: 🗌 American Indian o | or Alaska Native 🗆 Black or African American 🗔 Native Hawaiian or Othe | r Pacific Islander 🗌 Caucasian | |
| □Hispanic/Latino □Asian □Mul | ti or Bi-racial □Other | | |
| Student Email: | Student Cell Phone: | Home Phone: | |
| High School: | | _ Graduation Month/Year: | / |
| Student Address: | City: | State: | Zip: |
| SBU Course Prefix and Number | SBU Course Title | | FA SP |
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| *Either an ACT math subscore of 18 or a 1 dual credit college course and make a C or ACT scores rather than the grade of the pr | Previous High School English Course Name: Grade receive B or higher in the previous high school math course is required to enroll in MAT 1243, 5 r above, you may enroll in the other math classes. If you have not taken MAT 1243 and reviously required course are: 24 for MAT 1163, PreCalculus and/or MAT 1193, Busine | SBU's equivalence of College Algebr received a C or above, the minimum ess Calculus; 26 for MAT 1195, Calcu | ACT math subscores if using ulus 1. |
| Tuition is \$95.00 per c for spring courses. A semesters if they have | credit hour. A deposit of \$100 per course. Accounts must be paid in full b monthly finance charge will be assessed on any unpaid balance after this e an unpaid balance. Tuition may be paid by check made out to Southwe | y September 30 for fall courses date. Students may not registe st Baptist University, credit or | and Feb. 28 er for future debit card. |
| grades, registration, academic standinş and deadlines for dual credit. | disclosure of my educational records between SBU and the Parent/Legal guard g, payment information, and collections. Your signature also indicates that you | have read the application and un | nderstand the requirements |
| Parent/Guardian Name: | Email: | | |
| Home Address: (If different from abov | e) City: | State: | Zip: |
| Student Signature: | | Date: | |
| - · · · | ave read the application and the student information sheet and understa | - | |
| 1 arcm/Ouarchan Signature. | | Datc | |

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Office use only: SBU ID#_