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

Student Type: ☐ Current ☐ New ☐ Former

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

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

Revised 12/03/19 VP