

DUAL ENROLLMENT APPLICATION

The entire application and sections must be complete in full in order to be processed. Please type or print clearly.
Section I-X must be completed by the student. Section VIII must be completed by the High School Counselor.

Please return the completed application along with an official copy of the student's high school transcript to **dual-enrollment@umassd.edu** to the attention of **Hanan Khamis, Director of Undergraduate Admissions**. Confirmation of applications are sent. If you do not receive confirmation, the application has not been received.

Registration deadlines:

Spring 2025: January 21

Fall 2025: Sept 4

I Personal Information - All fields are required

Name	Last Name,	First Name,	Middle Initial
Home address		Apartment #	
City	State	Zip	
Date of Birth		Gender Identity	Race / Ethnic Identity
Social Security #			
E-Mail		Telephone	

Please check the appropriate statement in regards to citizenship status:

- ☐ I am a Citizen of the United States
- ☐ I have applied for or received Deferred Action for Childhood arrivals (DACA) status from the US Government
- ☐ I am a permanent resident of the United States with a valid I-551 from the country of _____
Registration # _____ (please also enclose a copy)

I would like to receive admissions and marketing materials from UMass Dartmouth **Yes** **No**

II Emergency Contact Information

Name	Relationship		
Address (if different from above)			
Cell phone	Home phone	Work phone	

III High School Information

Name of school	Dates of attendance
Intended graduation date	Intended college major
Do either of your parents hold a Bachelor's Degree?	Yes No

IV Previous College Experience

Have you participated in Dual Enrollment before?	Yes No	
College / University	City / State	
Credits earned	GPA	Dates attended

V Important Signatures

By my signature, I certify that the information I have provided about my academic record and personal history is accurate and complete. Failure to disclose any required information could result in denial of admission from the university. I understand that along with this application I must supply my most current transcripts. I understand that if I am enrolled in a class and for any reason the class is canceled or I must withdraw I must inform the dual enrollment coordinator as well as my guidance counselor. I understand that I am responsible and obligated to inform my guidance counselor of my dual enrollment grades. However, I, the undersigned student and parent/guardian hereby authorize the University to release my grades to my high school guidance office if needed.

Student signature	Date
Parent / Guardian signature	Date

VI Short Answer

Please attach a typed short response to the following question **on a separate piece of paper**:

What do you hope to gain by participating in the Dual Enrollment program?
If returning, what have you gained and how will you continue your growth in the program?

VII Course and Credits

Please rank in order of preference the courses you would like to take at the University. **Consult with your guidance counselor before choosing your classes.** Keep in mind that we mostly offer general education courses; science and math course availability is limited.

You MUST rank three classes below as we cannot guarantee your first choice.

You can access the course schedule online at umassd.edu/courselistings/.

There is the potential for some courses to fill prior to the timeline in which dual enrollment students are placed. Keep this in mind and list three classes.

	Department Course #	Class # Section	Course Title	Days / Times
	Example Psychology 101	10973-01	Intro to Psychology	MWF 10:00 am
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

VIII High School Counselor

The student is classified as a: **Senior** **Junior**

The student's SASID# is _____

The student's current GPA is _____

Is this weighted? **Yes** **No**

Are there any classes the student cannot take?

Are there specific time blocks that work best for this student's schedule?

By my signature, I recommend this student to participate in Dual Enrollment at UMass Dartmouth

Name Title

E-Mail Telephone

Signature Date

IX Acknowledgment of Additional Billing

I _____ acknowledge that I will receive an additional bill for enrolling in a Calculus I or Calculus II course that will not be covered through the CDEP dual enrollment program at UMass Dartmouth. Per our program we cover the cost of a three credit course. Calculus I/Calculus II are four credit courses and the student will be billed for the difference. This bill as of the 2015/2016 academic year was approximately \$525. By signing below you are agreeing to the additional cost for this course and that the bill will be paid to the university.

Student signature

Date

Parent / Guardian signature

Date

X ADDENDUM TO DUAL ENROLLMENT APPLICATION

Due to issues with classes, especially class selections, these guidelines are being outlined so students know what is expected of them once they are admitted to the program. If accepted, the student is expected to participate in dual enrollment as we need to authorize their application and create their profile in our system prior to course registration. Please review these expectations prior to submitting your application. Once you sign this form you are agreeing to the terms and conditions of the program.

Please be advised that in applying for dual enrollment the student is agreeing to the following information:

- I will complete my application in full as I know that any application that is considered incomplete may not be considered for review
- I will have my application turned in on time as I know that any application that is turned in late may not be considered for review
- I will select three course options, understanding that I may not be placed into my first choice class
- I will appreciate the chance to earn college credit while I am in high school even if it is not in my desired class as other students do not have this same opportunity
- I will put my best effort forward in the class I am taking and be my own self-advocate
- I will make the best effort possible to attend orientation as the information presented is important to the overall program
- I will seek assistance through the professor and/or tutoring if I become overwhelmed by the class
- I will remain in the class I have been placed unless (1) there is a conflict with the course schedule at my school, in which dual enrollment will do its best to find a class that works with the new timetable or (2) I am failing the class and would like to take a withdrawal (W) rather than a failure (F)
- I acknowledge that if I drop the program at any time, except in the cases of course conflicts with my high school, applications for subsequent semesters will not be reviewed
- I will treat all those involved with the program in a professional and respectful manner
- I will not be guaranteed acceptance for the entire duration of my junior and senior year of high school career and know that applications must be resubmitted each semester and re-reviewed at that time
- I acknowledge that it is a privilege and not a right to be a participant of the dual enrollment program at University of Massachusetts – Dartmouth

Student signature

Date