



# DUAL ENROLLMENT FORM

SSN # \_\_\_\_\_ Name \_\_\_\_\_  
*Last First*

Address \_\_\_\_\_  
*Street/PO Box City State Zip code +4*

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Dual Enrollment School** \_\_\_\_\_

*Demographic information is required and only used for statistical reports:* Sex:  F  M

**Ethnicity:** Are you Hispanic/Latino  Yes  No Race: *(you can choose one or more categories)*

- American Indian
- Asian
- Black or non-Hispanic
- Native Hawaiian or other Pacific Islander
- Other
- White

Course ID	Section	Lab		Course Title	Credit Hrs.
Sample COM441	01			<i>Mass Communication Law</i>	3
				<b>Total</b>	

Note :- Cost per course \$275 non-refundable

\_\_\_\_\_  
*Parent or Guardian Signature/Date*

\_\_\_\_\_  
*NDMU Dual Enrollment Coordinator /Date*

\_\_\_\_\_  
*School Principal's Signature/Date*