



DUAL CREDIT ENROLLMENT APPLICATION
 NORTH DAKOTA UNIVERSITY SYSTEM
 SFN 51295 (Rev. 1/2012)

Note: *This form must reflect only one semester of coursework. All fields on this application are required to be completed or the application will be returned. Refer to the instructions on the following pages for completing this application.*

Part I – Student Information: *To be completed by the student before the course begins. PLEASE TYPE or PRINT legibly*

Student's Legal Name (Last, First, Middle Initial) <i>Please print.</i>		Social Security Number* (REQUIRED)	
Mailing Address		E-Mail Address	Student Telephone Number
City		State	ZIP Code
Date of Birth (mm/dd/yyyy)	Gender (check one) <input type="checkbox"/> M <input type="checkbox"/> F		Year in School (grade when class is taken) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
I agree to share the data on this application with the Bank of North Dakota for Dual Credit financial assistance. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent/Guardian Name (Last, First, Middle Initial) <i>Please print.</i>			
Parent/Guardian Signature	Date	Student Signature	Date

Part II – Course Information: *To be completed by the student before the course begins. PLEASE TYPE or PRINT legibly.*

Course 1

High School Course Title			College Course Title		
High School State Course Code Number (MIS03)			College Course Number	College Sem. Hours (check one) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Name of Attending High School			Name of College/University Where Course is to be Credited		
Mailing Address					
City	State	ZIP Code	City	State	ZIP Code
School Semester Course is Taken (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			School Year Course is Taken (example: 2011-2012)		
This Course is Being Taught to Me (check one) <input type="checkbox"/> by a teacher at my high school <input type="checkbox"/> via distance learning (IVN-video network) <input type="checkbox"/> on the college campus <input type="checkbox"/> online/computer					

Course 2

High School Course Title			College Course Title		
High School State Course Code Number (MIS03)			College Course Number	College Sem. Hours (check one) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Name of Attending High School			Name of College/University Where Course is to be Credited		
Mailing Address					
City	State	ZIP Code	City	State	ZIP Code
School Semester Course is Taken (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			School Year Course is Taken (example: 2011-2012)		
This Course is Being Taught to Me (check one) <input type="checkbox"/> by a teacher at my high school <input type="checkbox"/> via distance learning (IVN-video network) <input type="checkbox"/> on the college campus <input type="checkbox"/> online/computer					

Part II – Course Information (continued)

Course 3

High School Course Title			College Course Title		
High School State Course Code Number (MIS03)			College Course Number	College Sem. Hours (check one) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Name of Attending High School			Name of College/University Where Course is to be Credited		
Mailing Address					
City	State	ZIP Code	City	State	ZIP Code
School Semester Course is Taken (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			School Year Course is Taken (example: 2011-2012)		
This Course is Being Taught to Me (check one) <input type="checkbox"/> by a teacher at my high school <input type="checkbox"/> via distance learning (IVN-video network) <input type="checkbox"/> on the college campus <input type="checkbox"/> online/computer					

Part III – School Certification: To be completed by the district superintendent or designee before the course begins. PLEASE TYPE or PRINT legibly.

Student's 10-Digit State Student ID Number		
Check Box to Certify Applicant is Eligible For Free or Reduced Price Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have verified the high school course name(s) and course code(s) listed in Part II are correct. <input type="checkbox"/> Yes		
This student has been approved to take this dual credit course(s) and will be awarded high school credit on their transcript as indicated for each course: Course 1: <input type="checkbox"/> ¼ unit (2 semester hour college class) <input type="checkbox"/> ½ unit (3-4 semester hour college class) <input type="checkbox"/> 1 unit (5 semester hour college class) Course 2: <input type="checkbox"/> ¼ unit (2 semester hour college class) <input type="checkbox"/> ½ unit (3-4 semester hour college class) <input type="checkbox"/> 1 unit (5 semester hour college class) Course 3: <input type="checkbox"/> ¼ unit (2 semester hour college class) <input type="checkbox"/> ½ unit (3-4 semester hour college class) <input type="checkbox"/> 1 unit (5 semester hour college class)		
If the college course is a mathematics course, enter the student's score for one of the tests: (see Instructions for required scores) ACT Mathematics sub-test score: _____ PLAN Mathematics sub-test score: _____ SAT Critical Reading+Mathematics score: _____ COMPASS Algebra score: _____ ACCUPLACER Elementary Algebra score: _____		
If the college course is an English course, enter the student's score for one of the tests: (see Instructions for required scores) ACT English sub-test score: _____ PLAN English sub-test score: _____ SAT Writing score: _____ COMPASS Writing Skills score: _____ ACCUPLACER WritePlacer score: _____		
Superintendent or Designee Name (Please Print)	E-Mail Address	Telephone Number
Superintendent or Designee Signature		Date

PART IV - North Dakota Department of Public Instruction Approval: *To be completed by the NDDPI before the course begins.*

Please complete the indicated area(s) and resubmit to the NDDPI.

Not Approved

Incomplete Application.

High school credit identified in Part III of the application exceeds the Dual Credit requirements. High school credit must be changed from _____ units of high school credit to _____ units of high school credit.

Other.

Reviewed By

E-Mail Address

Date

Telephone Number

Approved

Yes

Signature and Title of Department Official

Date

Telephone Number

Part V – Registrar Information: *To be completed by the college/university registrar at the end of the course.*

College Student ID Number (EMPLID)

Course 1 Grade Earned

- | | | |
|----------------------------|---|-------------------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> S (Satisfactory) | <input type="checkbox"/> Incomplete |
| <input type="checkbox"/> B | <input type="checkbox"/> U (Unsatisfactory) | <input type="checkbox"/> Withdraw |
| <input type="checkbox"/> C | <input type="checkbox"/> P (Pass) | <input type="checkbox"/> Dropped |
| <input type="checkbox"/> D | <input type="checkbox"/> F (Fail) | |
| <input type="checkbox"/> F | | |

Course 2 Grade Earned

- | | | |
|----------------------------|---|-------------------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> S (Satisfactory) | <input type="checkbox"/> Incomplete |
| <input type="checkbox"/> B | <input type="checkbox"/> U (Unsatisfactory) | <input type="checkbox"/> Withdraw |
| <input type="checkbox"/> C | <input type="checkbox"/> P (Pass) | <input type="checkbox"/> Dropped |
| <input type="checkbox"/> D | <input type="checkbox"/> F (Fail) | |
| <input type="checkbox"/> F | | |

Course 3 Grade Earned

- | | | |
|----------------------------|---|-------------------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> S (Satisfactory) | <input type="checkbox"/> Incomplete |
| <input type="checkbox"/> B | <input type="checkbox"/> U (Unsatisfactory) | <input type="checkbox"/> Withdraw |
| <input type="checkbox"/> C | <input type="checkbox"/> P (Pass) | <input type="checkbox"/> Dropped |
| <input type="checkbox"/> D | <input type="checkbox"/> F (Fail) | |
| <input type="checkbox"/> F | | |

College/University Registrar or Designee Signature

Date

Telephone Number

* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary and considered confidential. The individual's social security number is used by the Department of Public Instruction when processing the application for dual credit enrollment; the North Dakota University System uses it as an identification number for college registration; and the Bank of North Dakota uses it for processing dual credit assistance requests. Failure to provide a social security number may cause delays in administrative services such as financial aid processing, receiving federal tax information, and acceptance of dual credit enrollment.

DUAL CREDIT PROGRAM

North Dakota Century Code 15.1-25-01 allows students in grades ten, eleven, and twelve in North Dakota high schools to enroll in postsecondary education courses and to receive both high school and college credit. The course must be offered through an accredited postsecondary institution.

INSTRUCTIONS FOR COMPLETING THIS FORM

This form is designed to facilitate enrollment in courses approved for dual credit. If the course you wish to take is not already approved for dual credit by your district, work with your school counselor to have the course approved by the superintendent for dual credit.

Note: This form must reflect only one semester of coursework. All fields on this application are required to be completed or the application will be returned.

The student must complete the application and receive approval prior to enrolling in a college/university course for which you want dual credit.

Part I – Student Information *(instructions to the student):*

Complete all of Part I. You should discuss the process and requirements of dual credit enrollment with your high school counselor. The social security number must be indicated for financial and college entry purposes. Be sure to obtain the signature of your parent or guardian.

You may qualify for financial assistance to pay for up to two Dual Credit courses per school year if a school official certifies in Part III that you are eligible for Free or Reduced Price Lunch. Assistance will cover tuition, fees, and book. To request financial assistance, at the time of course enrollment you must submit a photocopy of this completed DPI approved form to:

- Bank of North Dakota, PO Box 5509, Bismarck, ND 58506-5509.

Applications will be considered by submission date as funding is limited. Contact Bank of North Dakota at 800-554-2717 for more information.

Part II – Course Information *(instructions to the student):*

Complete all of Part II in consultation with your high school counselor or principal, identify the high school course(s) approved for dual credit by the superintendent/school district and cooperating college or university; or request that specific courses be approved by the superintendent/school district for dual credit.

Complete the information for the high school course including the course title, state course code number assigned by the Department of Public Instruction (see PK-12 Course Codes and Descriptions at <http://www.dpi.state.nd.us/resource/corscode/index.shtm>.) Your high school principal or counselor may help you select the correct state course code number (MIS03). Identify the name of your attending high school and school mailing address.

Check which school semester of dual credit enrollment the college course is being taught. *Note: A college course cannot be taught over the length of a full school year.* **Each application represents one semester of coursework. A 3 or 4 semester hour college class can receive only ½ unit of high school credit and a 5 semester hour college class may receive 1 unit of high school credit.**

Check the location where the course will be taught. For example: if the course is taught by the instructor via IVN-video network, check the “via distance learning” box.

Complete the college/university course title, college course number, and credit semester hour information. This is available in the college catalog, in the college registration listing, or from your high school principal or counselor. Identify the college/university where the approved course is available for dual credit.

Once you receive an approved application from your superintendent or designee, present this form to the college registrar when you register for a college class. **If the college class is *not* taught in the high school, the form must be submitted to the college registrar prior to the first day of class. If the college class *is* taught in the high school, the form must be completed and approved by DPI and submitted to the college registrar according to the collaborative arrangement between the high school and college or university.** The college registrar will keep this form. If you need a copy for your own records, please make one before submitting it to the registrar.

Part III – School Certification (*instructions to the district superintendent or designee*):

Verify the accuracy of the information completed by the student in Parts I and II, that the student is in an approved dual credit course, and that the amount of high school credit that will be awarded on their high school transcript is accurate.

Provide the student's college entrance scores. Colleges use the ACT (preferred), SAT, COMPASS, or CollegeBoard Accuplacer scores for student dual credit placement. Scores for placement are:

English 110 Required Scores

ACT English sub test: 18
PLAN English sub test: 15
SAT Writing: 430
COMPASS Writing Skills: 77
ACCUPLACER WritePlacer: 5

Mathematics Required Scores for Math 103 - 4 yr universities

ACT Mathematics sub test: 22
PLAN Mathematics sub test: 19
SAT Critical Reading+Mathematics: 1030
COMPASS Algebra: 54
ACCUPLACER Elementary Algebra: 117

Mathematics Required Scores for Math 103 - 2 yr colleges

ACT Mathematics sub test: 21
PLAN Mathematics sub test: 19
SAT Critical Reading+Mathematics: 990
COMPASS Algebra: 52
ACCUPLACER Elementary Algebra: 116

Upon completion of Parts I, II, and III, the school superintendent or designee will submit this form to DPI for approval PRIOR to the start of the semester for which the student is applying for attendance or according to the collaborative arrangement between the high school and the college or university. This form can be submitted to DPI by:

E-Mail scanned document to: charmsen@nd.gov

or

Fax: (701) 328-0201

or

Mail: Department of Public Instruction
Teacher School and Effectiveness
600 East Boulevard Ave., Dept. 201
Bismarck, ND 58505-0440

Personnel at DPI will ensure the completeness and accuracy of the information provided. If any part of the form is incomplete or contains erroneous information, the form will be returned to the student or school superintendent for correction. Once all information is complete and accurate, DPI will approve the application and return the form to the school superintendent or designee. The school superintendent or designee will return the application to the student and retain a copy of the application for their school records. *Note: If a student is applying to the Bank of North Dakota for financial assistance, please remind the student to mail a copy of this approval application to the Bank of North Dakota.*

Part IV – North Dakota Department of Public Instruction (*instructions to DPI*):

Personnel at DPI will ensure the completeness and accuracy of the information provided in Part I, II, and III of the application. If any part of the form is incomplete or contains erroneous information, the form will be "Not Approved." Reasons will be indicated for the Not Approved status and returned to the student or school superintendent or designee for correction. Once all information is complete and accurate, DPI will approve the application and return the form to the school superintendent or designee.

Part V – Registrar Information (*instructions to the college/university registrar*):

Upon receiving this form prior to or during registration, the college registrar will review the information completed in Part I, II, and III to verify its accuracy. If anything is incorrect, please notify the DPI staff identified in Part IV of the application immediately.

At the end of the semester of enrollment, indicate the grade earned, sign, and date the form. In addition to copies for your records, distribute one copy to each of the following:

- North Dakota University System, 600 East Boulevard Ave., Dept. 215, Bismarck, ND 58505-0230
- High School Superintendent (address given in Part II).