



Dual Enrollment Course Registration Form

This form must be submitted for **EACH TERM** of enrollment. The form should reflect courses approved by the high school for enrollment in the upcoming term. You can fill the form in online and print it for signatures. Return the form to your school counselor. Do not send forms directly to UWA.

Forms must be returned to your school counselor by the following deadline dates (*whether enrolling for on campus or online courses*):

June 1	For Fall classes
December 1	For Spring classes
March 1	For Summer classes

UWA reserves the right to deny enrollment of late registrants. If you take class on your high school campus and a class is canceled, you must inform UWA's dual enrollment coordinator of the cancellation before UWA's drop date deadline in order to receive a tuition refund. See Academic Calendars on the UWA website for drop deadlines.

Student UWA ID Number: _____

Student Name: _____

High School: _____

Courses Selected for Registration in Upcoming Semester:
Use UWA course list to enter valid course number and title.

	Fall Online Term 1	Fall Online Term 2
Course Name/ Number		
Course Name/ Number		
	Spring Online Term 1	Spring Online Term 2
Course Name/ Number		
Course Name/ Number		
	Summer Online Term 1	Summer Online Term 2
Course Name/ Number		
Course Name/ Number		

Semester length high school campus classes (where available)

Use UWA course list to enter valid course number and title.

Semester and year	
Course Name/ Number	
Course Name/ Number	
Semester and year	
Course Name/ Number	
Course Name/ Number	

I have reviewed the courses selected above and have verified that this student is eligible for these classes and these are the correct classes for his/her schedule.

_____	_____
School Counselor Signature	Date
_____	_____
School Counselor Printed Name	School Counselor Email Address (required)

I have reviewed the courses above and confirmed with my school counselor that I am eligible for these courses and the courses meet my schedule and curriculum requirements.

_____	_____
Student Signature	Date

I have reviewed the courses above and agree these courses are appropriate for my child. I agree to pay UWA any balances due. I understand UWA is not obligated to refund tuition or fees if courses are dropped after UWA's drop deadline.

_____	_____
Parent Signature	Date

Complete the following contact information only if data needs to be updated. UWA MUST have valid contact information for the student, parent and school counselor. UWA is not responsible for failure to notify any party if current contact information is not supplied:

_____	_____
Student Phone	Student Email

Parent Name (Print)	
_____	_____
Parent Phone	Parent Email