

Purdue North Central

Dual Credit Registration Form (Semester)

Date _____ PUID# _____

Legal Name _____
Last Name
First Name
MI

Home Address _____
Street Address
City
State
Zip

Telephone _____ Email (Optional) _____

Birth Date _____ High School _____

Guidance Counselor Signature _____

Dual Credit Course(s) Requested:

Semester 1 Course(s) Requested	CRN <small>(office use only)</small>	Semester 2 Course(s) Requested	CRN <small>(office use only)</small>

Free/Reduced Lunch Yes No

Student Signature _____

Parent or Guardian Signature _____

(In the event of non-payment, the parent/legal guardian will assume financial responsibility for tuition and fees incurred through this program, and will be subject to collection efforts for any outstanding debt owed to the university.)

Contacts:

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