

## Dual Enrollment Registration Form

**Instructions:** This form must be completed for each semester a student desires to complete dual enrollment credit at Colorado Biblical University

**Student Information:**

**Enrollment Year:** \_\_\_\_\_

Last Name	First Name	Middle Initial	Student ID #
Mailing Address		City, State	Zip Code
Email	Home Phone	Cell Phone	
Entering Grade Level	Attendance Type		

**High School Information**

CBU Academy

High School Name

School Administrator Signature

Date

**Dual Enrollment Course Information (FOR HIGH SCHOOL OR UNIVERSITY USE ONLY)**

Course Number (i.e. EN112)	Title (i.e. College Composition I)	Instructor (i.e. Mr. Thomas Crank)	Credit Hours (i.e. 3)