



DEL MAR COLLEGE

# Dual Credit Registration Form

Important Dates can be found online at [delmar.edu/dualcredit](http://delmar.edu/dualcredit)

Semester:  Fall  Spring  Summer 1  Summer 2 Year: \_\_\_\_\_

Classification:  Dual Credit  Early College HS  CTE Program Status:  New DC  Returning DC

DMC ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ HS Name: \_\_\_\_\_ Expected Grad Date (MM/YY): \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

### Dual Credit Admission Checklist

- Submit Apply Texas Application  
Application ID: \_\_\_\_\_
- Submit High School Transcript
- Submit bacterial Meningitis proof  
(Good within 5 years of the beginning of the semester)  
Date: \_\_\_\_\_
- Submit TSI Scores  
R-E-M Level: \_\_\_\_\_  
(Level I Certificates waived from TSI; ex: Welding, instrumentation, etc)
- Complete Dual Credit Registration Form
- Submit College Transcript  
(If previously taken DC with another institution)

Per Del Mar College policy, Dual Credit students are allowed a maximum of 15 credit hours in the Fall and Spring semesters. A maximum of 12 hours is allowed for the Summer semesters. It is at the discretion of the Independent School District on how many hours a student is allowed at their high school. Please check with your high school counselor for verification.

No.	Course Name	Section (optional)	Location (select one)			Payment (select one)		Waive Lab Fees
			@DMC	@HS	@Online	Student Pays	ISD Pays	
Ex:	Example: ENGL 1301	.700FA						
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In signing this application, I agree to abide by the rules and policies governing the Dual Credit Program in the contracted agreement between the Independent School District (ISD) and Del Mar College (DMC). I authorize the release of my grades between the ISD and DMC.

**Original written signature or electronic signature required. Names cannot be typed.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ECP Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEC Office use only: Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any question, please contact the Dual Credit office at 361-698-1634 or by email at [dualcredit@delmar.edu](mailto:dualcredit@delmar.edu)**