The University of Montana College of Technology
High School Dual Credit Program
Guidelines & Registration
(406) 243-7882

INSTRUCTIONS:
This form must be completed and signed by the student, parent and the high school counselor or principal. Please send completed form to the UM High School Dual Credit Program (Enrollment Services-Admissions, The University of Montana College of Technology, 909 South Avenue West, Missoula, MT 59801) prior to the beginning of each semester participating in the program.

NAME_____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER_____

MAILING ADDRESS_____

PHONE NUMBER_____

HIGH SCHOOL_____

SEMESTER_____**FALL**
_____**SPRING**
_____**SUMMER**

Is this student's first semester in the **Dual Credit** Program?
Yes_____ No_____
Expected high school graduation date?_____

APPROVED COURSE SELECTION

CRN#	SUBJ	CRS#	COURSE TITLE	CREDITS (6 max)

I hereby acknowledge that The University of Montana requires all students to have and to maintain major medical insurance coverage while attending The University of Montana. However, this coverage is not available for Dual Credit students. Because I will be attending classes on a dual credit basis, by signing below I understand that I am not eligible for the student insurance coverage.

APPROVAL

_____ _____
Student Signature Date

_____ _____
Parent Signature (if student is under 18) Date

_____ _____
High School Counselor/Principal Signature Date