



Admissions
2100 16th Ave S
Great Falls, MT 59405

Phone: (406) 268-3700
Fax (406) 771-4329
dual@gfcmsu.edu

REGISTRATION

DUAL ENROLLMENT

On-Campus/Online Registration

(Student must also turn in Application packet once a semester to enroll)

Applying for which term: Fall Spring Summer Year: _____

Personal Information- REQUIRED

Full Legal Name: _____

Last
First
Middle

Date of Birth: ____/____/____ Student ID: _____
*You will have an ID if you have previously enrolled at Great Falls College

Name of High School/ Home School: _____ Name of counselor: _____

Release of Information- REQUIRED

*The Dual Enrollment Program is a joint program between Great Falls College MSU and your high school. As a joint program, the college and your high school have determined that it is administratively necessary for enrollment, attendance, and grades earned in college courses to be shared with your high school. **No academic information from Great Falls College MSU will be released to your parents/guardians unless you expressly consent to such via the disclosure below.***

I DO NOT authorize Great Falls College to discuss and/or release ANY information to a parent/guardian.

I hereby authorize Great Falls College MSU to discuss and/or release the following information to my parent(s)/guardian(s) as designated below: Please check the appropriate boxes below:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Attendance | <input type="checkbox"/> Conduct |
| <input type="checkbox"/> Bills | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Health or Safety Information |
| <input type="checkbox"/> Additional Information: _____ | | |

Name of designated Parent(s)/guardian(s): _____

Student signature: _____ Date of Authorization: _____

*student's consent expires at end of 1 year from date of student signature.

Registration Checklist- Carefully review and check each box before turning in packet

- I understand I must follow the College's official academic year calendar, timelines, catalog, policies, and procedures.
- I understand if a class is full, I am not eligible for the waitlist. I also understand there is no guarantee that requested courses will be available.
- I understand certain courses such as accounting, math, writing, some sciences, etc. need [placement scores](#). Options for placement include:
 - ✓ Attach proof of placement scores such as the ACT, SAT, HiSET, or Accuplacer tests) **OR**
 - ✓ Make arrangements to take the Accuplacer (Can be scheduled through GFC Testing Center via our [online scheduler](#) or by calling 406-268-3711.) **OR**
 - ✓ For WRIT 101, a self-directed placement survey may be administered by GFC Academic Advisor **OR**
 - ✓ Contact the Dual Enrollment Coordinator at 406-771-4390 or dual@gfcmsu.edu for other options.
- I have approval signatures from my parent/guardian and high school official/home school administrator and have already or will turn in a **Dual Enrollment application packet**.
- I understand that if my Dual Enrollment application OR Dual Enrollment registration paperwork is turned in with missing signatures, no placement scores, incorrect CRNs, or is otherwise found to be incomplete, I will not be registered.** A reasonable effort will be made to reach out, but it is the student's responsibility to turn in a complete application and registration form on time.

Registration for courses On-Campus AND/OR Online Courses with Great Falls College Only.

If you want to register for Concurrent (Classes taught in high schools) please use the CONCURRENT REGISTRATION FORM for your specific high school.

Course Selection- REQUIRED

Please use our online Class Scheduling tool to search for classes and locate course information, including prerequisites and course fees. Scheduling tool can be found at https://prodmyinfo.montana.edu/pls/gfagent/bzskcrse.PW_SelSchClass

1 ST 8-Week Block						
Course	Course Title	CRN- Course Reference Number	Instructor	Credits	Dual Credit (DC) OR College Credit (CC)	
<i>Ex: CSCI 105-180</i>	<i>Computer Fluency</i>	<i>12345</i>	<i>Robinett</i>	<i>3</i>	DC	CC
					DC	CC
					DC	CC
					DC	CC
2 nd 8-Week Block						
Course	Course Title	CRN- Course Reference Number	Instructor	Credits	Dual Credit (DC) OR College Credit (CC)	
					DC	CC
					DC	CC
					DC	CC
Full Semester						
Course	Course Title	CRN- Course Reference Number	Instructor	Credits	Dual Credit (DC) OR College Credit (CC)	
					DC	CC
					DC	CC
					DC	CC

Approval Signatures- REQUIRED

Student Name (Print): _____

Student Signature: _____ Date: _____

**Required*

Parent/Guardian Signature: _____ Date: _____

**Required*

High School/Home school administrator Signature: _____ Date: _____

**Required- The High School official/ home school administrator signature certifies that the student meets the requirement for dual credit or College-only credit, is enrolled at a Montana high school accredited by the Montana Board of Public Education and has verification of all required immunizations on file at the High School.*