

Dual Credit Registration Form

Important Dates
can be found online
at 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 HS Grad Date (MM/YY): _____

Student Email: _____ Student Phone #: _____

Parent Email: _____ Parent Phone #: _____

Dual Credit Admission Checklist

- ☐ Submit ApplyTexas 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 1 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.

Course Name	Section (optional)	Select One			Select One		ECP Office Only
Example: ENGL 1301	-700FA	@DMC	@HS	@Online	Student Pays	ISD Pays	Waive Lab Fees
1.							
2.							
3.							
4.							
5.							

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 questions, please contact the Dual Credit office at 361-698-1634 or by email at dualcredit@delmar.edu