

## Dual Enrollment Application Form

Please complete both sides of this application, and return to the Office of Early College Access, Massasoit Community College, One Massasoit Blvd., Brockton, MA 02302

Name \_\_\_\_\_ SASID # \_\_\_\_\_  
(State Assigned Student Identifier) (Public Schools Only)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Current Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  Home  Cell

What major(s) are you considering for college? \_\_\_\_\_

### Consent Form as a Participant In the Dual Enrollment Program

I understand that by participating in the Massasoit Dual Enrollment Program, I am subject to the College's policies and procedures as defined in the Massasoit Community College Student Handbook, which can be found at [www.massasoit.edu/student-handbook](http://www.massasoit.edu/student-handbook). Further I understand and consent to the release of my educational records by and between Massasoit and high school representatives throughout my participation in Dual Enrollment courses.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

The College adheres to the FERPA (Family Educational Rights and Privacy Act of 1974) which sets forth requirements regarding the privacy of student records. Check our website at [www.massasoit.edu/ferpa](http://www.massasoit.edu/ferpa) for details. A brief summary of FERPA is captured in the following two statements: 1) College students must be permitted to inspect their own educational records. 2) School officials may not disclose personally identifiable information about students, or permit inspection of their records without written permission unless such action is covered by exceptions permitted by the Act.

Please read carefully. Check the box(es) that apply to you: I am applying for  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
Year Year Year

I am applying for the Commonwealth Dual Enrollment Partnership (CDEP) which is a free course funded by the state. (Funding is limited.)  
Note: High school credit must be granted by the approving institution for students awarded the CDEP grant.

I am applying for the Massasoit Dual Enrollment Program (MDEP) which is a Reduced Tuition Rate Program (\$50 per credit hour) for courses starting 4:00 p.m. or later Monday through Friday, on the weekends, or online. (Limited to two courses per semester for courses with 8 or more students enrolled.) Note: High school credit may be granted by the approving institution for students in MDEP.

### EMERGENCY CONTACT INFORMATION:

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  Home  Cell

My signature below indicates that my child has permission to participate in the Dual Enrollment Program and I understand that I am financially responsible for any charges that may be incurred.

Signature of Parent/Guardian \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  Home  Cell

### \*\*For reporting purposes only\*\*

Parents' Education	(Mark one for each)	
	Father	Mother
Not a High School Graduate	<input type="radio"/>	<input type="radio"/>
High School diploma	<input type="radio"/>	<input type="radio"/>
Voc/Tech Certificate	<input type="radio"/>	<input type="radio"/>
Some College courses	<input type="radio"/>	<input type="radio"/>
Associate Degree	<input type="radio"/>	<input type="radio"/>
Bachelor's Degree	<input type="radio"/>	<input type="radio"/>
Graduate Degree	<input type="radio"/>	<input type="radio"/>

**Race/Ethnicity**

Do you consider yourself to be Hispanic/Latino?  Yes  No

In addition, select one or more racial categories to describe yourself:

American Indian/Alaska Native  Asian  Black/African-American  
 Cape Verdean  Native Hawaiian/Pacific Islander  
 Haitian  White

Are you eligible for free or reduced lunch?

Yes  No

High School and Admissions  
Personnel only  
(please continue to other side)  
→→→→→

### High School Official Use Only

#### PLEASE CHECK ALL APPROPRIATE BOX(ES) FOR APPROVAL

- CDEP (Commonwealth Dual Enrollment Partnership) This student meets the criteria for the CDEP and will receive high school credit upon successful completion of the course.
- MDEP (Massasoit Dual Enrollment Program) This student meets the criteria for the MDEP and may receive high school credit upon successful completion of the course.

#### PLEASE PRINT:

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_

Name of School Official \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Signed \_\_\_\_\_

School Official Signature

Student Grade Point Average \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Has this student taken Dual Enrollment courses at any other college?  Yes  No If yes, where? \_\_\_\_\_

How many courses? \_\_\_\_\_

Recommended courses must be listed below.

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

### College Representatives Use Only

**MDEP - (TSAEXPT-8004) reduced tuition:** \_\_\_\_\_

Semester

Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Course: \_\_\_\_\_ Credits: \_\_\_\_\_

**CDEP - (TSACONT) V00183581** \_\_\_\_\_

Semester

Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Student Name \_\_\_\_\_ Massasoit Student ID Y \_\_\_\_\_

New Student  Returning Student

Approved for CDEP  Y  N \_\_\_\_\_  
Dual Enrollment Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved for MDEP  Y  N \_\_\_\_\_  
Dual Enrollment Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Confirmation Letter Sent \_\_\_\_\_ Date \_\_\_\_\_ Orientation Packet Sent \_\_\_\_\_ Date \_\_\_\_\_

Note: BR  MI  Other