

# 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 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
		@DMC	@HS	@Online	Student Pays	ISD Pays	Waive Lab Fees
Example: ENGL 1301	-700FA						
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](mailto:dualcredit@delmar.edu)***