



DUAL/CONCURRENT CREDIT REGISTRATION & FERPA FORM

Fall Spring of _____ (YYYY)

P.O. Box 929 | Yuma, AZ 85366-0929 | (928) 344-7500 | DUALCREDIT@AZWESTERN.EDU

Student Information (please print) Date of Birth _____ AWC ID# _____

Name Last _____ First _____ M.I. _____

Current School: _____

Grade Level: (Please circle one) **Pre-High School** **Freshman** **Sophomore** **Junior** **Senior**

Add Course-Section #: (Example: ACC-111-003)

| Course-Section Number | Course Title | Class Days | Class Times | Credit Hours | Credit/No Credit | Instructor Signature |
|-----------------------|--------------|------------|-------------|--------------|------------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Dual Enrollment Tuition **\$25/Credit Hour** Total # of Credits Total Cost:

Drop Course-Section #: (Example: ACC-111-003) See the AWC catalog for drop deadlines..

| Course-Section Number | Course Title | Class Days | Class Times | Credit Hours | Credit/No Credit | Instructor Signature |
|-----------------------|--------------|------------|-------------|--------------|------------------|----------------------|
| | | | | | | |
| | | | | | | |

Student Information Release:

(Please see webpage for detailed FERPA information: <https://www.azwestern.edu/student-life/student-right-to-know>)

In compliance with the federal **Family Educational Rights and Privacy Act of 1974 (FERPA)**, Arizona Western College is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees, financial aid, and other student record information. This restriction applies; but is not limited, to your parents, your spouse, or a sponsor. If you would like to authorize AWC to release your information to someone upon request, please list their information below. This authorization will remain in effect until you rescind it in writing.

Parent/Guardian/Third Party Designee:

Name: _____ Date of Birth _____
Address: _____ Home Phone: _____
City/State/ZIP: _____ Cell Phone: _____
Relationship: _____ Note: _____

It is my understanding that I must meet with my high school counselor to confirm that my AWC classes fulfill high school credit requirements. I can also decide to take classes with AWC only for college credit and get ahead on my college degree requirements. After my high school counselor has reviewed my credits, any changes made to my registration will become my responsibility.

Student Signature _____ **Date** _____

For Office Use Only

Comments _____

Processed by _____ Colleague ID _____ Date _____

Email this form to [DualCredit@azwestern.edu](mailto: DualCredit@azwestern.edu) or drop off in-person at any AWC location.