

**Special Student Registration Application
for Dual-Enrollment Credit**

Student Name: _____
Last
First
Middle

Permanent Address: _____
Street
City
State
Zip

Email Address: _____ **Primary Phone Number:** (____) _____

Date of Birth: ____/____/____ **Social Security Number:** ____-____-____

Place of Birth: _____ **Gender:** Female Male
City
State

Parent/Guardian Name: _____ **Relation to Student:** _____
Last
First
MI

Parent/Guardian Phone Number: (____) _____ **Parent/Guardian E-mail:** _____

Optional Information:

- Race:** American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Do you identify as Hispanic? Yes No

Religious Affiliation: _____

Semester and course(s) for which you wish to register:

Semester (check one): Fall Spring Summer **Year:** _____

| Course Prefix | Course Number | Course Section | Course Title | Number of Credits | Name of High School Offering Dual Credit |
|---------------|---------------|----------------|--------------|-------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

By signing this form, you acknowledge this course constitutes college credit and will be reflected on your permanent Creighton University transcript.

Student Signature: _____ **Date:** _____

Please return the completed form to the Instructor of Record at your High School for submission to the Creighton University Registrar's Office.