



One Massasoit Boulevard, Brockton, MA 02302-3396
 900 Randolph Street, Canton, MA 02021-1372
 49 Union Street, Middleborough, MA 02346-2245

For Questions:
 Please email wphillip1@massasoit.mass.edu
 or call 508-588-9100 ext. 1422

Dual Enrollment Application Form

Please complete both sides of this application form and return it to Whitney Phillips, Massasoit Community College, One Massasoit Boulevard, Brockton MA 02302

Student's 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. 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.mass.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 _____ Year Spring _____ Year Summer _____ 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)
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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 V _____

New Student Returning Student

Approved for CDEP Y N

Approved for MDEP Y N

Confirmation Letter Sent

Date

Orientation Packet Sent

Date

Note: BR MI Other