

Dual Enrollment Program Registration Form

Phone (773) 995.2513 www.csu.ed

www.csu.edu • E-mail: dualenroll@csu.edu

Student Name: (Last, First, MI)										
UNIVERSITY ID NUMBER (if known) 900							Select a term:	Student New	Returning	High School:
CRN					Subject	Course Number	Section Number	M T W T	h F S Su	Time
ALTERNATE COURSE SELECTIONS *										
*Pleas	senro	vide a	n alterr	nateco	ourse in case course(s) requested is closed.					
Schedule Approval - Signature acknowledges and approves the course(s) selected.										
Student signature					Da	te	Guidance Counselor Name E		Pate	

PLEASENOTE:

All students must attend Dual Enrollment Orientation. Returning students should schedule an advising session with the Dual Enrollment Coordinator prior to registration. Selecting courses does not guarantee registration. You will receive a registration confirmation from the Office of Dual Enrollment if you have been successfully registered. If you have any questions regarding the application process, please contact the Dual Enrollment Coordinator.

*The Family Educational Rights and Privacy Act of 1974 is a federal law designed to protect the privacy of educational records, to establish the rights of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. The law applies to any individual who is or has been in attendance at an institution and regarding whom the institution maintains educational records. Once students have matriculated to Chicago State University, i.e. enrolled in course work, FERPA rights transfer to the student, regardless of the student's age.