

***Dual Enrollment at Bridgewater State University  
Application for Courses  
Fall 2023***

**For office use only:**

Banner ID \_\_\_\_\_

**PERSONAL DATA:** (Please Print Clearly and in Ink)

Student's Name \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mo. Day Year

I identify my gender as \_\_\_\_\_

Address \_\_\_\_\_

Street City or Town State ZIP Code

Telephone # (\_\_\_\_\_)\_\_\_\_\_

E-mail address\_\_\_\_\_

Social Security Number for access to account password reset function \_\_\_\_\_

Emergency contact \_\_\_\_\_

Emergency Telephone # ( ) \_\_\_\_\_

Educational background of parents/guardians (please check one):

- ☐ Neither of my parents/guardians has attended college.
- ☐ At least one of my parents/guardians has attended college.

Are you interested in a career in the sciences, math or technology?

- ☐ Yes
- ☐ No

I am considering a major in \_\_\_\_\_

Signature of Student \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

## DUAL ENROLLMENT HISTORY

Have you ever taken a Dual Enrollment course at Bridgewater? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When? Fall \_\_\_\_\_ (year) Spring \_\_\_\_\_ (year)

Have you ever taken a Dual Enrollment course at another institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Where? \_\_\_\_\_

If you are looking to take a course with a prior course as prerequisite, please provide an official transcript if that course was not taken at Bridgewater State University.

## HIGH SCHOOL APPROVAL

Grade Point Average \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School Telephone \_\_\_\_\_

State Assigned Student Identification (**SASID**): \_\_\_\_\_

## DISCIPLINARY QUESTIONS

According to Bridgewater State University protocol, it is required that all incoming students must answer the following questions. Students who do not answer these questions may not be able to participate in Dual Enrollment.

\_\_\_\_ Yes \_\_\_\_ No Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, which resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution. **If yes, please attach a separate sheet explaining the circumstances of each occurrence.**

\_\_\_\_ Yes \_\_\_\_ No Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? [Note: you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.] **If yes, please attach a separate sheet explaining the circumstances of each occurrence.**

**COURSE SELECTION(S) (Please print clearly and accurately)**

Please indicate if these are first, second or third choices, or if requesting all courses, and total the number of credits at the bottom of the page. Use a separate sheet if requesting additional course times. Please fill out all information being requested. **Please note: Students still have the option of taking online and in person classes or a mix of both formats as we return to normal while understanding the effect the pandemic has had on our students. In-person courses are the recommended format for dual enrollment.**

**CRN # (5 digits)      Section # (example: ENGL101-001)      Course title and meeting days and time**

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\_\_\_\_\_ Name \_\_\_\_\_

Day and time \_\_\_\_\_

# of credits \_\_\_\_\_

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\_\_\_\_\_ Name \_\_\_\_\_

Day and time \_\_\_\_\_

# of credits \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ Name \_\_\_\_\_

Day and time \_\_\_\_\_

# of credits \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ Name \_\_\_\_\_

Day and time \_\_\_\_\_

# of credits \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ Name \_\_\_\_\_

Day and time \_\_\_\_\_

# of credits \_\_\_\_\_

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**Total # of Courses Requesting** \_\_\_\_\_

**Total # of Credits Requesting** \_\_\_\_\_

## AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

In compliance with the Federal Family Educational Rights and Privacy Act of 1974 Bridgewater State University "the University" is prohibited from providing certain information from student records to a third party, such as information on grades, billing, tuition, and fees assessments and other student record information. This restriction applies to, but is not limited to, parents, high school administration, etc. Disclosing information from student education records to third parties under certain circumstances can occur when a student has signed a written authorization. Please see the Student Handbook for further information regarding FERPA.

A student must set up a separate record for each third party to whom they grant access to their student record information including grades and class schedule. At minimum it is advised to have an authorization set up for your guidance or school counselor so that grades and schedules can be discussed and sent to them.

This form allows the University, in its sole discretion, to disclose to or discuss your student information with the parties indicated below.

I, \_\_\_\_\_ authorize the University to disclose and/or release to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

the following information from my education records at the University (please describe the information to be released): \_\_\_\_\_

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for the following purposes (please state the reason for the disclosure):

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A facsimile or photocopy of this Authorization shall be considered as effective and valid as the original. I hereby release the University, its trustees, employees and agents and The Commonwealth of Massachusetts, from any liability to me or anyone claiming by, through, or under me, which may arise directly or indirectly out of the University's good faith compliance with this Authorization. This Authorization is effective until I revoke it by providing a signed notification to the University. PLEASE NOTE: Neither FERPA nor this Authorization requires the University or its employees to disclose information. Any disclosure will be at the University's sole discretion. Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Student Address: \_\_\_\_\_

## ADDENDUM TO DUAL ENROLLMENT APPLICATION

If a student is accepted into Dual Enrollment, we need to authorize their application and create their profile in our system prior to course registration. Please review these expectations prior to submitting your application.

Please be advised that in applying for dual enrollment the student is agreeing to the following information:

- I will complete my application in full as I know that any application that is considered incomplete may not be considered for review.
- I will have my application turned in on time as I know that any application that is turned in late will be reviewed on a case-by-case basis.
- I understand that I may not be able to enroll into my first-choice class(es).
- I will appreciate the chance to earn college credit while I am in high school even if it is not in my desired class(es) as other students do not have this same opportunity.
- I will not ask professors for overrides and understand that override requests can only be sent for special circumstances and after consulting the dual enrollment coordinator.
- I will put my best effort forward in the class(es) I am taking and be my own self-advocate.
- I will make the best effort possible to attend orientation as the information presented is important to the overall program.
- I will seek assistance through the professor and/or tutoring if I become overwhelmed by the class(es).
- I will treat all those involved with the program in a professional and respectful manner.
- I will not be guaranteed acceptance for the entire duration of my junior and senior year of high school career and know that applications must be resubmitted each semester and re-reviewed at that time.
- I acknowledge that I am responsible for my tuition bill and that it needs to be paid in full before transcripts or future applications can be processed.
- I acknowledge that it is a privilege and not a right to be a participant of the dual enrollment program at Bridgewater State University.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

***Applications due by Tuesday, May 16<sup>th</sup> at 5 p.m. Applications received after the deadline will be reviewed on a case-by-case basis.***

***Please submit this application to [lsingleton@bridgew.edu](mailto:lsingleton@bridgew.edu)***