

EAST MISSISSIPPI COMMUNITY COLLEGE
DUAL ENROLLED/CREDIT REGISTRATION FORM

High School: _____
 Student EMCC ID#(if you are a returning dual student): _____
 Social Security # _____ Term: Fall _____ Spring _____ Summer _____ Year _____

Name: _____
Last First Middle Maiden/Other

Date of Birth _____ Email Address: _____

Telephone #: _____

Class Type: Online _____ High School Campus _____ EMCC campus _____

If on an EMCC campus, circle which campus: Scooba CAFB Golden Triangle West Point Macon Meridian NAS

Classification: 11th grade _____ 12th grade _____ Other _____ (specify)

Expected HS Graduation Date _____

Program Type: Academic _____ Career and Technical _____

SUBJ	COURSE#	SECTION	DESCRIPTION	CLASS PERIOD	MON	TUE	WED	THUR	FRI	#CREDIT HOURS	INSTRUCTOR

Student Signature: _____ Date: _____

East Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Andrea Mayfield, Vice-President for Scooba Campus, Davis Administration Building, P.O. Box 158, Scooba, MS 39358, 662-476-5000, ascott@eastms.edu.