JOHN A. LOGAN COLLEGE
700 Logan College Road
Carterville, IL 62918
Phone: 618-985-3741 Fax: 618-985-9181

DUAL CREDIT AND DUAL ENROLLMENT REGISTRATION FORM

NAME: _____ **S.S. or JALC Student ID #:** _____
Last First M.I.

ADDRESS: _____ **PHONE:** _____
Street & No. Apt. A/C

_____ **Birth Date:** _____ **Gender:** ☐**Male** ☐**Female**
City State Zip Code **HS Status:** ☐**Sr.** ☐**Jr.** ☐**Soph.** ☐**Freshmen**

YEAR OF HIGH SCHOOL GRADUATION: _____ **ASSET SCORES** _____ *(Math)* _____ *(Reading)* ____ *(Writing)*

HIGH SCHOOL DISTRICT:

_____ Carbondale	_____ Carterville	_____ Crab Orchard
_____ Du Quoin	_____ Elverado	_____ Herrin
_____ Johnston City	_____ Marion	_____ Murphysboro
_____ Trico	_____ W. Frankfort	_____ Other

Ethnic Code - *Please Check the **Most Accurate** Box (or Boxes)*

1. Are you Hispanic or Latino? (OR are you of Spanish origin?) ☐ Yes Hispanic or Latino ☐ Not Hispanic or Latino
2. Are you from one or more of the following racial groups? (Select all that apply.)
   ☐ American Indian or Alaska native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐Choose not to respond
3. Please identify your primary racial/ethnic group. (Select one.)
   ☐ American Indian or Alaska native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
   ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Choose not to respond
4. Are you in the United States on a Visa – Nonresident alien? ☐ No ☐Yes in the United States on a Visa – Provide home country of origin

Course Enrollment

SEMESTER: _____FALL _____SPRING

ADD DROP	COURSE PREFIX	COURSE #	SECTION #	CREDIT HOURS	TIME	DAYS	ROOM	INSTRUCTOR	

IF DROPPING A CLASS, REASON FOR DROP:(Circle One)
1. ACADEMIC 2. PER INSTRUCTOR 3. FINANCIAL 4. TRANSPORTATION 5. JOB 6. PERSONAL7HEALTH
8. TRANSFER TO ANOTHER COLLEGE 9. PROBLEM WITH INSTRUCTOR 10. OTHER _____

Emergency Information

Person to notify in case of emergency:
Name(s): _____ **Address:** _____

Relationship: _____ **Phone #(s):** _____

Certifying Information

I understand that withholding information requested on this document or giving false information may make me ineligible for admission to the College or subject to dismissal. I certify that all the information that I have provided on this application is complete and accurate to the best of my knowledge, and I agree to observe all of the rules and regulations of the institution. The student's signature waives the right to privacy and grants John A. Logan College officials permission to share information regarding the student's performance with his/her parents, legal guardians and/or high school personnel. Students are subject to all privileges and policies in the "Students Rights and Responsibilities Handbook." With this in mind, I certify that the above statements are correct and complete.

_____ _____
STUDENT SIGNATURE DATE **H.S. PRINCIPAL OR COUNSELOR SIGNATURE DATE**

_____ _____
ADVISOR OR PCCS DIRECTOR SIGNATURE DATE **DEAN FOR INSTRUCTION DATE**