

JOHN A. LOGAN COLLEGE 700 Logan College Drive Carterville, IL 62918 Phone: 618-985-2828

Office Use Only:							
☐ Test Scores							
□ Waiver							
Post- Registration							

EARLY COLLEGE REGISTRATION FORM

NAME:	Last	F	irst	JALC STUDENT ID #:						
E-MAIL:				PARENT E-MAIL:						
BIRTH DAT										
GRADE LEVEL: Junior Senior YEAR OF HIGH SCHOOL GRADUATION:										
HIGH SCH	OOL: □ Ca □ Ca □ Cra		□ Du Quoin □ Elverado □ Frankfort							
Course Enrollment										
SEMESTER and YEAR:FALL				SPRINGSUMMER						
ADD DROP	COURSE PREFIX	COURSE #	SECTION#	CREDIT HOURS	ADD DROP	COURSE PREFIX	COURSE #	SECTION#	CREDIT HOURS	
					NOTES:					
Please read and initial the following statements:										
I understand that I am responsible for paying all tuition in excess of 8 credit hours and all fee charges by the posted due date.										
I understand that I must contact the Office of College Readiness or my school counselor to make any schedule changes.										
I understand that I am subject to all privileges and policies in the Dual Credit Student Handbook.										
I understand that grades for my dual credit and early college courses are recorded permanently on my John A. Logan transcript and that performance in these courses may have implications on future financial aid eligibility. See the Dual Credit Student Handbook on the JALC website for additional information.										
Some courses may have content that is graphic, violent, or mature in nature; however, this content is directly related to the course curriculum. Please discuss any questions or concerns about exposure to sensitive material with the course instructor.										
I w ac	aive the righ ademic reco	nt to privacy ords with my	and grant Jo parents, lega	hn A. Logan al guardians,	College offi and/or high	icial permiss school pers	ion to share connel.	information re	garding my	
Student Signature				DATE						
H.S. Principal or Counselor Signature				DATE						
DC/Early College Advisor Signature			DATE							