

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:	ME:			M.I.	JAL	C STUDENT	ID #:				
E-MAIL:					PAR	ENT E-MAIL	:				
BIRTH DAT	BIRTH DATE:										
GRADE LEVEL:		ior	Senior	YEAR OF HIGH SCHOOL GRADUATION:							
HIGH SCHOOL: Carbondale Du Quoin Herrin Murphysboro Carterville Elverado Johnston City Trico Crab Orchard Frankfort Marion Other											
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 resp posted due date.	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 co	_ I understand that I must contact the Dual Credit office or my school counselor to make any schedule changes.								
I understand that I am subj	_ I understand that I am subject to all privileges and policies in the Dual Credit Student Handbook.								
Logan transcript and that p	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 course may have course course currice with the course instructor.	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 waive my right to privacy of information regarding my e	I waive my right to privacy under FERPA and grant John A. Logan College official permission to share information regarding my educational records with my parents, legal guardians, and/or high school personnel.								
Student Signature	DATE								
H.S. Principal or Counselor Signa	ture DATE								

DC/Early College Advisor Signature DATE