



**ARIZONA  
WESTERN  
COLLEGE**

# DUAL ENROLLMENT REGISTRATION FORM

Do you participate in  
your school's Migrant  
Program? YES/NO

## STUDENT INFORMATION

DATE OF BIRTH

M	M	/	D	D	/	Y	Y
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First Name:

Last Name:

AWC ID#:

School Name:

Grade Level: Select one ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

In accordance with the **Federal Family Educational Rights and Privacy Act of 1974 (FERPA)**, Arizona Western College is unable to disclose specific details from your student record to third parties. This includes information regarding grades, billing, tuition and fees, financial aid, and various other student record data. This restriction extends to, but is not limited to, your parents, spouse, or any sponsors. If you wish to permit AWC to share your information with someone upon request, please fill out the Student Information Release form, which can be found at [azwestern.edu/ferpa](http://azwestern.edu/ferpa).

**ADDRESS UPDATE:** Please complete the address update section only if you need to change your mailing address.

Address:

P.O.Box:

City:

State:

Zip Code:

Add the course section number(s) below: (Example: ENG-101-800) See AWC Catalog for add/drop/withdrawal deadlines

Course-Section-Number	Credit Hours	Class Period/Teacher

Dual Enrollment Tuition Rate \$30/Credit Hour Total # of Credits:

Total Cost:



Payment is due upon registration. Submit your payment on Self-Service, over the phone or in-person at any AWC location. AWC will schedule one payment collection date at your high school. Ask your High School counselor for more information.

It is my understanding that I have meet with my high school counselor to confirm that my AWC classes fulfill high school requirements. I have decided to take classes with AWC to get college credit and get ahead on my degree requirements. After this registration form is processed any changes made to my schedule will become my responsibility. I am aware that upon registration my account will be charged, and I will need to make a full payment or inquire about eligibility for a payment plan with AWC.

Student Signature: \_\_\_\_\_

Date:

M	M	/	D	D	/	Y	Y
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## FOR OFFICE USE ONLY

AWC Advisor Signature:

Date:

Please schedule an appointment with an AWC Advisor for assistance with probation or course overload.

Comments:

Processed by:

Date:

Billing Verified (\$30/cr):

☐

EMAIL THIS FORM TO [DUALCREDIT@AZWESTERN.EDU](mailto:DUALCREDIT@AZWESTERN.EDU) OR  
DROP OFF IN-PERSON AT ANY AWC LOCATION.

Updates 7/1/2025 BM