



Before submitting this form, be certain to **complete an application** to Pierpont C&TC. You must be an admitted student to participate. Go to: www.pierpont.edu click "apply"

Student Information:

Grade in School for Registration Term: 8th 9th 10th 11th 12th

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

High School: _____ County: _____ Graduation Year: _____

Please select intended pathway of study. Pathways are eligible for state funded tuition if a formal agreement is in place with the WV high school, county or with individual WV homeschooled families.

ASL/Interpreter	Early Childhood/Teaching	Business Management
Paralegal	Aviation Maintenance	Applied Process Technology
Liberal Studies—Pre-Social Work	Health Science/Nursing	Culinary

Select your courses. Please use separate forms for different terms. DE students do not self register.

CRN (12345)	Course Name (ENG 1104)	Online (or) (X)	In Per- son (X)	Term/Year (example: Spring 2027)	Add (or) (X)	Drop (X)

We certify we do wish the student listed to take courses in the selected career pathway above and that all statements on this registration form are complete and true. We understand that any false information may be grounds for denial of admission or for dismissal. In addition, we understand that any future unpaid account balance for tuition and fees or other balances will be turned over to a collection agency after 60 (sixty) days of delinquency. We understand that we are responsible for college course(s) selections. We understand that tuition fees for these college course(s) will be charged to the student's college account. We understand that by taking these college course(s), the student will generate a college transcript. We understand that if the student withdraws from any of the above-listed college course(s), they must drop/withdraw following Pierpont's registration calendar, timeline and process. Dropping/withdrawing after the add/drop period will result in a 'W' on the student's transcript. Failure to drop/withdraw during the appropriate time frame will result in an 'F' on their transcript. We also understand that students are responsible for procuring books.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name and Address: _____

I have reviewed and approve this student's dual enrollment registration request.

School Official Signature: _____ Date: _____

Return this form by email to: dualenrollment@pierpont.edu

Education that Works

