



GREAT FALLS COLLEGE

MONTANA STATE UNIVERSITY

Dual Enrollment

406-771-4390 | 406-771-4309 | dual@gfcmu.edu

Havre High School Concurrent Registration-Spring 2026

Due February 11 by 5pm

(Students must also submit an application each semester they wish to enroll*)

Personal Information- REQUIRED

Full Legal Name: _____
Last First Middle

Date of Birth: ____/____/____
Month/Date/Year

Student ID: _____
(ex. -01234567; You will have an ID if you have previously enrolled at Great Falls College)

Email: _____ Phone: _____ Type: Cell Home

Name of High School: _____ Name of counselor: _____

Release of Information- REQUIRED

The Dual Enrollment Program is a joint program between Great Falls College MSU and your high school. As a joint program, the college and your high school have determined that it is administratively necessary for enrollment, attendance, and grades earned in college courses to be shared with your high school. **No academic information from Great Falls College MSU will be released to your parents/guardians unless you expressly consent to such via the disclosure below.**

- I DO NOT authorize Great Falls College to discuss and/or release ANY information to a parent/guardian.
- I hereby authorize Great Falls College MSU to discuss and/or release the following information to my parent(s)/guardian(s) as designated below: Please check the appropriate boxes below:

<input type="checkbox"/> Grades	<input type="checkbox"/> Attendance	<input type="checkbox"/> Conduct
<input type="checkbox"/> Bills	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Health or Safety Information
<input type="checkbox"/> Additional Information: _____		

Name of designated Parent(s)/guardian(s): _____

Student signature: _____ **Date of Authorization:** _____

**student's consent expires at end of 1 year from date of student signature.*

Registration Checklist- Carefully review and check each box before turning in packet

- I acknowledge I must follow the College's official academic year calendar, timelines, catalog, policies, and procedures.
- I acknowledge certain courses such as accounting, math, writing, some sciences, etc. need [placement scores](#). Options for placement are listed with the subject and I am responsible to provide one of those methods of placement.
- I acknowledge that to be registered in my chosen course(s), I must complete this paperwork with all required signatures and placement scores.

2100 16th Avenue South, Great Falls, MT 59405 | (406) 771-4390 | gfcmu.edu

Great Falls College MSU provides high quality educational experiences supporting student success and meeting the needs of our community.

Natural Science

Advanced Biology with Cory Gunderson for 1 high school credit, 4 college credits

<input type="checkbox"/>	Gunderson	Period 7	BIOB 160 D1	Principles of Living Systems w/ Lab	63041
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Placement required: Override from Mr. Gunderson for the Chemistry prerequisite.

Override signed by Mr. Gunderson attached

Teacher Signature: _____ **Date:** _____

** Required- Certifies the student meets the requirement for this class, including prerequisites.*

Cost & Billing- Required

- Through the **1-2-Free program**, students enrolling are eligible for two free courses (up to six credits)
- Additional courses are billed at 50% of regular tuition costs and while exempt from mandatory fees, may be assessed course/program fees.
- If a bill is assessed, students will receive it by mail. Dual Enrollment students are responsible for complying with applicable campus payment policies, procedures, and methods.

Do you qualify for Free/Reduced lunch in your high school? Yes No *If yes, please fill out the [Hardship Scholarship form](#) completely and return with your registration, as you may be eligible for tuition assistance.*

Fill out below for person responsible for payment i.e. Student, parent, guardian, administrator, etc.
Designation of a responsible party indicates consent for the college to discuss the bill with the party designated.

Payee responsible for payment: _____

Relationship to student: _____ Payee Social Security Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payee Signature: _____ **Date:** _____

Approval Signatures-REQUIRED

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Submission Options

***This registration form must be turned in along with an application form each semester, UNLESS you took classes with Great Falls College in Fall 2025. If you were not registered or dropped, you will need to fill out an application again.**

Your personal information is very important to Great Falls College. To securely upload documents, you may:

- Attach documents using the paperclip icon on the DocuSign application
- Scan and upload documents through the secure link on the website: [Document Upload](#)
- Photograph and upload documents through the secure link on the website: [Document Upload](#)
- Deliver it in person to Student Central at Great Falls College.
- Fax it to 406-771-4329 (email dual@gfcmsu.edu to confirm receipt).

Please refrain from emailing the registration, as it contains sensitive personal information.

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