GREAT FALLS COLLEGE
MONTANA STATE UNIVERSITY

Dual Enrollment

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

Shelby High School Concurrent Registration-Fall 2026

Due September 9 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: ____/____/_____ Student ID: _____
Month/Date/Year (*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:

☐ Grades ☐ Attendance ☐ Conduct
☐ Bills ☐ Enrollment ☐ Health or Safety Information
☐ Additional Information: _____

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

Student signature: _____ **Date:** _____

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**.

Natural Science

Dual Credit Biology 1 ***with Robyn Maloney for ½ high school credit, 4 college credits***

☐	Maloney	Period 6	BIOB 160 D2	Princpl of Living Systems	67334

Placement required: Override from Ms. Maloney for the Chemistry prerequisite.

☐ Override signed by Ms. Maloney

Teacher Signature: _____ **Date:** _____

**** Required- Certifies the student meets the requirement for this class, including placement scores***

Electives

Intro to Business ***with Lexy Fisher for ½ high school credit, 3 college credits each***

☐	Fisher	Period 8	CAPP 131 D1	Basic MS Office	67347

Teacher Signature: _____ **Date:** _____

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

Cost & Billing- Required

- Dual Enrollment students are eligible to take their first **six credits tuition free** (usually two classes) with **1-2-Free.**
- After attempting six credits, the 1-2-Free ends and students are billed at 50% of regular tuition costs.
- Dual Enrollment students do not pay mandatory fees, but course/program fees may apply.
- If a bill is owed, 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 or other public assistant programs? ☐ **No** ☐ **Yes**

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, school 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.

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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