



**GREAT FALLS
COLLEGE**
MONTANA STATE
UNIVERSITY

Dual Enrollment

On-Campus/Online Registration

(Student 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:

☐ Grades

☐ Attendance

☐ Conduct

☐ Bills

☐ Enrollment

☐ Health or Safety Information

☐ 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 in the course description and I am responsible to provide one of those methods of placement.

☐ I acknowledge I need approval signatures from my parent/guardian and high school official/home school administrator and have already turned in a **Dual Enrollment application form** or plan to with this paperwork.

☐ 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 | gfcmsu.edu

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

Course Selection- REQUIRED

Please use our online Class Scheduling tool to search for classes and locate course information, including prerequisites and course fees. Scheduling tool can be found at https://prodmyinfo.montana.edu/pls/gfagent/bzskcrse.PW_SelSchClass

1 ST 8-Week Block						
Course	Course Title	CRN- Course Reference #	Instructor	Credits	Dual Credit (DC) OR College Credit (CC)	
Ex: CSCI 105-180	Computer Fluency	12345	Robinett	3	DC	CC
					DC	CC
					DC	CC
					DC	CC
2 nd 8-Week Block						
					DC	CC
					DC	CC
					DC	CC
Full Semester						
					DC	CC

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.

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 Name (Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

High School/Home school administrator Signature: _____ Date: _____

**Required- The High School official/ home school administrator signature certifies that the student meets the requirement for dual credit or College-only credit, is enrolled at a Montana high school accredited by the Montana Board of Public Education and has verification of all required immunizations on file at the High School.*

Last Updated April 1, 2025



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MONTANA STATE UNIVERSITY

Submission Options

This registration form must be turned in along with an application form each semester.

Registration can be turned in the following ways:

- By attaching it with the paperclip icon on the DocuSign application;
- Scanning and emailing it to dual@gfcmsu.edu;
- Taking a photo and emailing it to dual@gfcmsu.edu;
- Bring it in-person to Student Central at Great Falls College;
- Fax it to 406-771-4329 (email dual@gfcmsu.edu to ensure it is received)

Upcoming 2025-2026 Deadlines *All dates subject to change without notice

Term	Class dates	Registration opens	Registration Due by 5pm
Summer 2025	May 19- Jul 11	April 22	May 9
Fall A-block	Aug 25-Oct 17	June 4	Aug 15
Fall Full semester	Aug 25- Dec 19	June 4	Aug 15
Fall B-block	Oct 27- Dec 19	June 4	Oct 17
Spring A-block	Jan 12-Mar 6	Dec 2	Jan 2
Spring Full semester	Jan 12- May 8	Dec 2	Jan 2
Spring B-block	Mar 16- May 8	Dec 2	Mar 6

For the most up to date deadlines, please visit the [academic calendar webpage](#).

