



Spurgeon College Enrollment Form for Dual Enrollment/Dual Credit Students

www.spurgeoncollege.com

5001 N. Oak Trafficway Kansas City, MO 64118

Phone: (816) 414-3713 Fax: (816) 414-3705 Email: registrar@mbts.edu

NOTE: This Enrollment Form is only for **admitted** Dual Enrollment/Dual Credit Students. If you have not yet been admitted, please contact our Admissions Office at (816) 414-3711. Please submit completed form to DualCredit@mbts.edu

Semester/Term & Year: _____
(Fall, Winter, Spring, Summer)

Name: _____

Birthdate: _____

E-mail address: _____

Cell Phone: _____

High School: _____

Current High School GPA _____

I will be taking courses at my High School that will be transcribed as college credit through Spurgeon College

I will be taking courses at Spurgeon College, either online or on the main campus

COMPLETE A SEPARATE ENROLLMENT FORM FOR EACH SEMESTER YOU ENROLL

Department	Number	Section	Type*	Title	Hours

* **Course Type:** **OC** = Spurgeon College Campus; **OL** = Online, Internet; **DC** = At High School

Student Signature: _____

Date Signed: _____

IF STUDENT IS UNDER 18 YEARS OLD, PARENT OR LEGAL GUARDIAN SIGNATURE IS REQUIRED

Parent/Legal Guardian Signature: _____

Date Signed: _____

By signing below as the High School Principal or School Counselor, you are verifying that all the above is true and accurate as reported by the student. Additionally, you believe that this student can complete coursework at the college level and will benefit from the opportunity of being dually enrolled.

Principal/School Counselor Signature _____

Date Signed _____