



## Dual Enrollment College Ahead Course Registration Form

**Complete this form and return to the UM Admissions Office**

**Mailing:** Station 6030, Montevallo, AL 35115 or **Email:** admissions@montevallo.edu

You will receive an email confirming the course registration.

---

First Name (legal) \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Current High School \_\_\_\_\_

Anticipated College Ahead Enrollment Term (check one):  Fall  Spring  Summer I  Summer II Year \_\_\_\_\_

**Please enter a valid UM course number and title found at [montevallo.edu/collegeahead](http://montevallo.edu/collegeahead).**

Course Name/Number \_\_\_\_\_

Course Name/Number \_\_\_\_\_

Course Name/Number \_\_\_\_\_

I have reviewed the courses selected above and have verified that this student is eligible for these classes and these are the correct classes for his/her schedule.

---

Guidance Counselor Signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the courses selected above and confirmed with my school counselor that I am eligible for these courses and the courses meet my schedule and curriculum requirements.

---

Student Signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the courses above and agree these courses are appropriate for my child. I agree to pay the University of Montevallo any balances due. I understand Montevallo is not obligated to refund tuition or fees if courses are dropped after the drop deadline.

---

Parent Signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

---

### For Office Use Only

---

Admissions Office \_\_\_\_\_ Date \_\_\_\_\_

---

Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_