

Purdue North Central

Dual Credit Registration Form

Date _____

Legal Name _____
Last Name First Name MI

Birth Date _____

Home Address _____
Street Address City State Zip

Telephone _____ Email (optional) _____

High School _____

Guidance Counselor Signature _____

Dual Credit Course(s) for 2009/2010 _____

Free/Reduced Lunch Yes No

Student Signature _____

Parent or Guardian Signature _____

This registration form is required for current dual credit students to register for Spring 2010 dual credit classes. Complete and return to your guidance counselor.

**Contact: Sue Wilson (800) 872-1231 X 5236 or (219)785-5236, FAX 219-785-5538
email: swilson@pnc.edu**