



Dual Credit Programs Regular (non-S) Section Enrollment Request Form

STUDENT INFORMATION				
Name:			A#:	
Last	First	Middle	-	
High School Name: Grade Level:				
Declared Major: Graduation Year:				
STC Email: Phone Number:				
COURSE INFORMATION & ACKNOWLEDGEMENT				
Year: Tern	n: (check one only)	Spring Summe	er I Summer II Summer III	
Course Request				
Subject:	Course Name:	Section:	CRN (first option) CRN (second option)	
Acknowledgement: By signing this form, I understand that the Enrollment Request may not be approved and I acknowledge that I must meet all South Texas College Dual Credit Programs student eligibility requirements. I understand that I may not be approved for the requested course. I understand that I must remain in Good Academic Standing. I understand my final course grade will be reflected on my college and/or high school transcript. I understand it is my responsibility to drop the course if I wish to not remain registered. I understand that if approved, I may be assessed the Independent Student Tuition & Fees based on the Board Approved Tuition & Fee Schedule, which includes a Repeat Fee of \$125.00 per credit hour. Student Signature Date				
OFFICE USE ONLY				
DCP Department Only - Date Form Rece	eived:	Dean of DCP Office Only - D	ate Form Received: Approved: ☐ Yes ☐ No	
SAP Status:	Academic Standing:	_ Charge Student: ☐ Yes ☐ No	Date Sent to Dual2Degree:	
Total Hours Earned: Offered at HS: □ Yes □ No	GPA: Needed for Graduation: ☐ Yes ☐ No	D2D Office Only - Date Form	n Received: Registered: ☐ Yes ☐ No	
Completed By:	Date Sent to Deans Office:	Repeat Fee: ☐ Yes ☐ No	Notes:	
Justification:				



Tuition and Fees

Tuition Fiscal Year 2019-2020 *Tuition and Fees Apply Each Term*

Dual Credit Tuition Sponsored by Partnering School D	District	
Per Credit Hour Tuition for In-District Dual Credit Students Sponsored By Partnering School	\$0.00	
Differential Tuition Per Credit Hour For Courses Offered On A South Texas College Campus	or Facility:	
Associate Degree Nursing	\$75.00	
Emergency Medical Technology	\$55.00	
Occupational Therapy Assistant	\$55.00	
Patient Care Assistant	\$35.00	
Pharmacy Tech	\$55.00	
Physical Therapist Assistant	\$55.00	
Radiologic Technology/Sonography	\$65.00	
Respiratory Therapy	\$65.00	
Vocational Nursing	\$75.00	
Course Fees:		
Electronic Distance Learning/VCT Course Fee per Credit Hour	\$10.00	
NAH and Other Course Fees: Liability Insurance/Exams/Booklets/Badges/Special Program ID/ Certificates/Pinning Ceremony/Other Activities		Recovery of Costs and Processing Fees
Incidental Fees:		
Fee per Credit Hour for Dual Credit Students Attempting a Course Three or More Tir	\$125.00	
Dual Credit Late Processing Fee per Course per Student after Census Day		\$200.00
Independent Dual Credit		
Tuition per Credit Hour:		
In-District Home Schooled or Dual Credit Students Who Are Not Enrolled in a School District with a Memorandum of Understanding or an Interlocal Agreement with South Texas College \$50.00 Plus		pplicable Differential Tuition
Out-of-District Home Schooled or Dual Credit Students Who Are Not Enrolled in a School District with a Memorandum of Understanding or an Interlocal Agreement with South Texas College		pplicable Differential Tuition
Fees:		
In-District Home Schooled or Dual Credit Students Who Are Not Enrolled in a School District with a Memorandum of Understanding or an Interlocal Agreement with South Texas College	All Fees, Including Incidental Fees, are Applicable and Will Not Be Waived.	
Out-of-District Home Schooled or Dual Credit Students Who Are Not Enrolled in a School District with a Memorandum of Understanding or an Interlocal Agreement with South Texas College	All Fees, Including Incidental Fees, are Applicable and Will Not Be Waived.	
Course Repeat Fee		
Course Repeat Fee per Credit Hour		
Third or More Attempts (Excludes Developmental)	\$125.00	