



# EC and RACC DUAL Admission Course Registration Form



I wish to enroll in a course at Elizabethtown College that is required for completion of the Elizabethtown College bachelor's degree and not offered by Reading Area Community College. Tuition charges for up to two of these courses will be waived. **Students are responsible for notifying the appropriate office on BOTH campuses if you elect to withdraw from a course(s).**

Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
Last First Middle

Legal Permanent Address Information:

\_\_\_\_\_ Student ID: \_\_\_\_\_  
Address 1  
\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address 2  
\_\_\_\_\_ City State Zip

Email Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Intended Major at Elizabethtown: \_\_\_\_\_

Term: fall \_\_\_ spring \_\_\_ summer \_\_\_ Year: \_\_\_\_\_

Course (e.g. AC 101): \_\_\_\_\_ Course Credits: \_\_\_\_\_ Section letter: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Equivalent at Home Institution: \_\_\_\_\_ Course Credits: \_\_\_\_\_  
(Assigned by Advisor/Administrator)

Course Title: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**REQUIRED APPROVALS:** The above student is in good academic standing. The above student is a member of the RACC/Elizabethtown College Dual Admission Program. The student has met all pre-requisites, co-requisites required for enrollment into the above course.

Counselor/Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

EC Admissions Transfer Coordinator: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

EC Registrar Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please scan and send to [regandrec@etown.edu](mailto:regandrec@etown.edu) for processing and coordination of the course registration.