High School Dual Credit Program
Petition to Enroll in 10 or More Credit Hours

South Dakota Board of Regents
Black Hills State University – Dakota State University – Northern State University
South Dakota School of Mines & Technology – South Dakota State University – University of South Dakota

High school students participating in the Dual Credit program may request to register for up to a maximum of nine (9) credit hours each term. Students may request a waiver of the nine (9) credit hour limit by completing and submitting the petition below to your campus's Dual Credit Contact, who will forward the application to the System Vice President for Academic affairs for review.

Petition Eligibility Requirements:

☐ 1. Student must meet HSDC Admission Criteria and be admitted to one of the SDBOR University HSDC programs.
☐ 2. Student must have previously completed one or more SDBOR HSDC courses
☐ 3. Student must have received a final grade of "B" or higher in all previous SDBOR HSDC courses

Legal Name: _____ Social Security Number: _____
Last – First – Middle XXX-XX-XXXX

Date of Birth: _____
Date/Month/Year

Use of Social Security Number (SSN) - Privacy Information: We are requesting your SSN for administrative record accuracy and reporting. Disclosure of your SSN is voluntary and if you decline to provide it to us this action will not affect your admissions eligibility. However, we request this information from you in order to meet our federal obligation to report student employment, Hope and Lifetime Scholarship tax information, and federal financial aid. The SSN is confidential information under the Federal Educational Rights to Privacy Act and we will not release it without your consent. Having your SSN on record will enable the University to keep accurate information and to report it promptly.

Course Information:

SDBOR University admitted to: ☐ BHSU ☐ DSU ☐ NSU ☐ SDSM&T ☐ SDSU ☐ USD
Semester waiver requested: Fall 20___ Spring 20___ Summer 20___

Subject	Course Number	Section Number	Course Title	Credit Hours

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Official:

With my signature below, I verify that all student information on this application is complete and accurate to the best of my knowledge. I verify that I have read and understand the enrollment requirements for the High School Dual Credit Program, and that the student meets these requirements. I verify that the student's high school has signed an MOU with the Dept. of Education.

School Official Signature: _____ Date: _____

School Official Name: _____ Phone: _____ Email: _____

SDBOR VPAA:

Requested waiver - ☐ Approved ☐ Not Approved

SDBOR VPAA Signature: _____ Date: _____