



VALLEY CITY
STATE UNIVERSITY

Hillsboro High School

Credit counts for high school and college at VCSU

Fall 2024

Checklist for High School Use Only

- | | |
|---|--|
| <input type="checkbox"/> VCSU admission application | <input type="checkbox"/> High School transcript |
| <input type="checkbox"/> Application fee of \$35 | <input type="checkbox"/> ACT scores if available |
| <input type="checkbox"/> Early Entry form (this form) | |

Section I To be completed by the Applicant:

Date ____/____/____ Birth Date ____/____/____ Anticipated Graduation Date: ____
Month Day Year Month Day Year

Name: _____
Last First Middle Initial

Address: _____
Street/PO Box Apt. # City State Zip Code

School Email: _____ Phone: _____

VCSU DUAL CREDIT COURSES TO REGISTER FOR

Section II To be completed by the Applicant:

FALL SEMESTER 2024 Registration

Course	Course Title	Credits
<input type="checkbox"/> EDUC 250	Introduction to Educations	3
<input type="checkbox"/> ART 110	Introduction to the Visual Arts	3
<input type="checkbox"/> MATH 103	College Algebra	3
<input type="checkbox"/> MUS 101	Music Fundamentals	3

Total Credits: _____

Cost per credit is \$89.53 **Total Cost:** _____

Spring form will be provided on 11/14/2024
High School send to VCSU by Christmas break.

****Requires ACT English sub-score of 18 OR ACT English + Reading composite score of 35 OR Accuplacer Next Gen – Writing score of 256**

****Requires ACT Math sub-score of 21 OR Accuplacer Next Gen – Algebra score of 237 OR Accuplacer Next Gen – QAS score of 255**

Student Statement of Understanding:

"I have completed (or will have completed by the start of class) my freshman year of high school, have a cumulative GPA of 3.0 or more, and would like to enroll in the above course(s) at Valley City State University. I understand there is a per-credit cost associated with this."

Student Signature _____

Parent/Guardian Statement of Understanding:

"By signing below I give authorization for my child/dependent to enroll in Dual Credit through VCSU & acknowledge my responsibilities for costs related to the above registered course(s) & understands tuition/fee payment due dates & withdrawal procedures."

Parent Signature _____

Section III To be completed by the high school Principal or Guidance Counselor.

Principal/Counselor Name: _____

Principal/Counselor Signature _____ Date _____

Questions: Call Chasity Lovell, Coordinator for Extended Learning, at 701-845-7602 or email at chasity.lovell@vcsu.edu

Contact the Business Office at 701-845-7232 or at business.office@vcsu.edu. A paper bill will be mailed to you.