

# Running Start Registration/Schedule Change

## FVCC Credit Classes

ID # \_\_\_\_\_

Fall 20\_\_\_\_  
 Spring 20\_\_\_\_  
 Summer 20\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Middle Initial

Address: \_\_\_\_\_  
Mailing Address Home: ( ) Cell: ( )  
City State Zip

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail: \_\_\_\_\_

Change of Address

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone

Address: \_\_\_\_\_  
Street City State Zip

Check One			Dept.	Course #	Section #	Course Name	Credits	Dates (Short Courses)	Add'l Fee	H.S. Counselor's Initials		*Instructor's Signature/Date (if required)	Office Use Refund %
New	Add	Drop								Dual Credit	College Credit Only		

For Schedule Change: Credits Before \_\_\_\_\_ Credits After \_\_\_\_\_

**Please Note:** High school counselor's signature is not required for schedule changes to evening courses.

**PLEASE NOTE: Signatures are required before registration will be processed.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, I give my permission for the release of my Flathead Valley Community College academic records to my high school. I acknowledge by participating in a concurrent enrollment course that I am authorizing the release of my attendance records, grades and payment information to my high school administration and my parent(s)/guardian(s). I understand that grades from dual-credit courses will appear on both my high school and college transcripts. Grades from college credit only courses will just appear on my college transcript. I acknowledge that I have read, understand and agree to the Refund Policy.

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my permission for my son/daughter to enroll in the Running Start program, and I understand these are college-level courses and college-level material will be covered. I am also aware that Flathead Valley Community College and the participating high schools are not responsible for transportation, tuition, fees, textbooks, supplies and non-course related fees. I hereby provide consent to FVCC's use of any photographs or videos of my child for FVCC printed and electronic publications, videos, college website and social media pages exclusively for FVCC promotional, informational and archival purposes. Once a student attends a postsecondary institution, all rights formerly given to parents under the Family Educational Rights and Privacy Act (FERPA) transfer to the student. A student's written permission must be obtained before the college may release any kind of educational record.

**High School Guidance Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, I certify that this student will be enrolled as a high school junior or senior at the date which Running Start courses will be taken.

**FVCC Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Kalispell Campus**  
 777 Grandview Drive  
 Kalispell, MT 59901  
 406-756-3822 • www.fvcc.edu

**Lincoln County Campus**  
 225 Commerce Way  
 Libby, MT 59923  
 406-293-2721 • www.fvcc.edu

**Please Note:**

- \*Instructor's signature is required for the following: students under 16; time conflicts; filled classes; prerequisite overrides; and courses added/dropped after the first week.
- Student Support Center advisor's signature is required if student is on academic probation/suspension.
- Registrar's signature is required if student is registering for over 18 credits per semester.

**For Office Use Only: Registered Date:** \_\_\_\_\_