

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: _____