



GATEWAY SEMINARY

ADVANCE CENTER DUAL ENROLLMENT FORM

Last Name: _____ First Name: _____ Middle Name: _____

ID#: _____

Current (Home) ADVANCE Center Code: _____ Current ADV Center Name: _____

New ADVANCE Center Code: _____ New ADV Center Name: _____

New ADV Center Location: _____

Reason for dual-enrollment: _____

Certificate/Diploma Program: _____

Semester/Year of Dual-enrollment: • Fall • January • Spring • Summer 20_____

Note to dually-enrolled student:

As a dually-enrolled student with ADVANCE, I understand that I am responsible for paying my student fees to both (or every) center I am enrolled at. My home center is not responsible for any fees owed to other centers, and it is my sole responsibility to make sure I am up-to-date on payments at each center where I am enrolled. I also understand that I should submit all graduation, certificate completion, address/name change, transcript request, program change, or any other student account forms to my home center. Additionally, I understand that graduation fees should be paid only to my home center. By signing this form, I acknowledge all of the above and wish to pursue dual-enrollment at the center listed on this form.

Signature: _____ Date: _____