High School Dual Credit Program
Petition to Enroll in 11 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 ten (10) credit hours each term. Students may request a waiver of the ten (10) credit hour limit by completing and submitting the petition below to the Dual Credit Contact at **ALL** universities you are requesting to take courses from for the upcoming semester.

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 OR have a 3.0 cumulative GPA in all SDBOR HSDC coursework.

Legal Name: _____   SDBOR Student ID Number:_____
                     Last – First – Middle

Date of Birth: _____
                     Date/Month/Year

Course Information:

Select all universities you plan to take courses from: ☐ 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.

High School Official Signature: _____   Date: _____

High School Official Name: _____Phone: _____ Email: _____

Campus Approval:

Campus Approval Signature: _____ Date: _____

University: _____ Campus Contact Name: _____