



Congratulations on making the decision to start your college journey early! The following document is to confirm your understanding and commitment with taking a Dual Enrollment course with Berkshire Community College. Please read this document with your parent or guardian and initial/sign below:

STUDENT INITIALS

I understand as a BCC student participating in Dual Enrollment, I am expected to follow the [Student Code of Conduct](#) as set forth in BCC's Student Policy Guide.

I understand BCC has the authorization to release information regarding grades, attendance, and academic progress to my high school via the Family Educational Rights and Privacy Act (FERPA).

I understand BCC has a different [academic calendar](#) than my high school and I am expected to attend class and turn in assignments when the BCC course(s) run, even if my high school is on break or is closed for the day.

I understand that some college courses may include content that is mature, controversial, or out of my comfort zone.

I understand that for every hour I spend in my college class, I am expected to do 2-3 hours of work outside of the classroom (checking/responding to emails, studying, readings, homework, essays, quizzes, group work, etc.)

I understand that I am responsible for the purchase of books and course supplies (for each college course I take).

I understand that if my BCC GPA falls below a 2.0 during any one semester, I will be placed on academic probation or suspension and will be ineligible to continue in the Bridge to College program and will forfeit Dual Enrollment funding the following semester.

I understand that withdrawing from a course(s) and/or having a low grade performance (less than a C), may affect my ability to access financial aid through BCC in the future as outlined in [BCC's Satisfactory Academic Progress Policy](#) or could affect my high school graduation requirements.

I understand I need to activate and check [MyBCC](#) portal frequently, which houses Self-Service, Moodle, and Email.

I understand it is my responsibility to reach out to my professor or dual enrollment coach or contact student services when I am struggling in a course and need help.

If you are a student with a disability and need accommodations, please call (413) 236-1617 or visit the [Disability Resource Center \(DRC\)](#) for more information.

REQUIRED SIGNATURES

I have read, understand, and agree to the Berkshire Community College Bridge to College Statement of Understanding listed above. By signing below, I agree to abide by the rules and regulations of BCC. I certify that the information on this application is complete and accurate to the best of my knowledge.

Student Signature _____ Date _____

A parent/guardian signature is required if the student applicant is under 18 years of age. Their signature indicates permission for the student to participate in the program, and for BCC to release enrollment information (including official transcripts) to the high school. By signing below, I have read, understand, and agree to the Berkshire Community College Bridge to College Statement of Understanding listed above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____

Name (First/Middle/Last) _____

Address (Street/City/State/Zip Code) _____

Email _____

Social Security Number _____ Phone _____

Date of Birth _____ High School _____
MONTH/DAY/YEAR

Are you a U.S. Citizen? Yes No – If not, please complete the following:

Are you a Permanent Resident? Yes. Alien registration number _____ No

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status: _____

PLEASE CHECK THE IN-STATE OR REDUCED TUITION ELIGIBILITY CATEGORY THAT APPLIES TO YOU:

Are you under 18 years old? Yes. Please provide parent/guardian residency documentation. No

I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, **I POSSESS AT LEAST 2 OF THE FOLLOWING DOCUMENTS**, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

- | | | |
|---|--|--|
| <input type="checkbox"/> Valid driver's license | <input type="checkbox"/> Voter registration* | <input type="checkbox"/> Military home of record* |
| <input type="checkbox"/> Utility bills* | <input type="checkbox"/> State/federal tax returns* | <input type="checkbox"/> Record of parents' residency for un-emancipated person* |
| <input type="checkbox"/> Employment pay stub* | <input type="checkbox"/> MA high school diploma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Valid car registration | <input type="checkbox"/> Signed lease or rent receipt* | |

I am an eligible (ME/NH/VT/RI/CT) participant in the New England Board of Higher Education's Regional Student Program.

I am a permanent legal resident of the state of New York.

I am a member of the armed forces (or spouse or un-emancipated child) on active duty in Massachusetts.

CERTIFICATION OF INFORMATION

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(REQUIRED IF APPLICANT IS UNDER 18 YEARS OLD.)

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

I have reviewed the above information in order to determine this individual's eligibility to receive the in-state tuition rate. Based on my review I have determined that this individual:

- IS eligible for the in-state tuition rate.
- IS NOT eligible for the in-state tuition rate.
- I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized Signature _____ Date _____



Berkshire County high school junior or senior students have the opportunity to enroll in BCC Dual Enrollment courses for college credit. Students may take up to 15 credits per semester (fall or spring) if they meet the pre-requisites for the course and have a minimum high school GPA of 2.0.

DUAL ENROLLMENT: High School junior or senior students enroll in a college course on BCC's campus or online. Students are responsible for fees, books, and transportation to campus.

STUDENT INFORMATION

Full Legal Name (First/Middle/Last) _____

Preferred Name _____

Address (Street/City/State/Zip Code) _____

Email _____ Phone _____ Mobile Home

Social Security Number _____ High School _____

Date of Birth _____ Sex Female Male
MM/DD/YYYY

Has either of your parents/guardians graduated with a Bachelor's degree from a college or university? Yes No

What is your primary language? _____ Are you Hispanic/Latino (optional)? Yes No

Please select (optional): American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White

Under FERPA §99.34(b) Berkshire Community College may share dual-enrolled student information with the high school without consent of the student.

COURSES FOR _____ SEMESTER

List the BCC course(s) below that the student wishes to take. ([Course Catalog - Ellucian Student Application \(berkshirecc.edu\)](#)).

Course 1 _____

Course 2 _____

Course 3 _____

Course 4 _____

Course 5 _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____



SCHOOL COUNSELOR DUAL ENROLLMENT FORM

Please complete the following information below. Your signature certifies that the named student is currently enrolled, is a student in good standing, and/or you approve of their course selection(s).

Student Name _____ SASID# _____

High School _____ Graduation Year _____

This student currently maintains a GPA of 2.0 or higher. Yes No If no, please provide their GPA: _____

School Counselor Signature _____ Date _____

School Counselor Printed Name _____

Under FERPA §99.34(b) Berkshire Community College may share dual-enrolled student information with the high school without consent of the student.

COURSES FOR _____ SEMESTER

List the BCC course(s) below that the student wishes to take, including day, time and location ([Course Catalog - Ellucian Student Application \(berkshirecc.edu\)](#)).

Course 1 This course will be accepted for high school credit: Yes No

Course/Section (ex. ENG 101 02) _____

Course Name _____

Day/Time _____ Faculty _____

Course 2 This course will be accepted for high school credit: Yes No

Course/Section _____

Course Name _____

Day/Time _____ Faculty _____

Course 3 This course will be accepted for high school credit: Yes No

Course/Section _____

Course Name _____

Day/Time _____ Faculty _____

Course 4 This course will be accepted for high school credit: Yes No

Course/Section _____

Course Name _____

Day/Time _____ Faculty _____

Course 5 This course will be accepted for high school credit: Yes No

Course/Section _____

Course Name _____

Day/Time _____ Faculty _____