



Dual Credit & Concurrent Enrollment Checklist

In order to ensure that students get high school credit for any dual-credit class taken, the following steps must be completed, prior to enrolling. Incomplete forms will not be processed. All gray highlighted area must be filled out on the forms.

Only use blue or black ink

1. **Complete the online Dual Credit Admissions Application:**
- Write down e-mail address used on application: _____
 - Write down your EFC ID#: _____

2. **Set-up an eConnect account**

3. **College Placement Scores or Complete Pre-Assessment Activity**

Please see instructions attached on how to complete steps #1-3.

DUAL CREDIT PACKET FORMS:

4. **Complete High School Enrollment Form**
- Select courses and the semester they will be taken with your High School Counselor
 - Be sure to **READ, AGREE** to enrollment terms and **SIGN** along with high school counselor and parent.
 - All required signatures must be present.
5. **DCCCD Consent to Emergency Treatment Form** -Complete the Consent to Emergency Treatment form and signed by a parent if under 18. *Students 18 and older are not required to fill out the Consent to Emergency Treatment form.*
6. **Request Official High School Transcript**
- Transcript must have the signature of a high school official and the official seal embossed on the transcript.
 - **Home School** transcripts must include title of each course with letter grade, signature of principal and seal of notary.
7. **Parent/Guardian FERPA Release and Registration by Proxy Form for Dual Credit** -This form **must** be completed to allow parent(s) or legal guardian(s) access to student educational records, to register a student or inquire about a student's grade(s). In the event that a parent or guardian comes to Eastfield College to discuss the student's records, a picture ID is required for the parent(s) or legal guardian(s).
8. **Vaccination against Bacterial Meningitis** -Proof of vaccination is required for all Dual Credit Students taking classes on any DCCCD campus. Visit <https://www1.dcccd.edu/catalog/admiss/bacterial.cfm?loc=DCCCD> for detailed information.
9. **Affidavit** - If any student is classified as undocumented (not a U.S. citizen) you must complete a **notarized "Affidavit of Intent to become a Permanent Resident"**. Please request this form from your High School Counselor.
10. **Turn in Forms to High School Counselor/DC Coordinator for review** - All forms must be completed, signed and dated. ***Students cannot be tested and registered until the admissions process and pre-assessment activity is completed.***

Please write your EFC ID # on top of all forms, on the right hand corner.





Dual Credit Application Steps

1. Go to www.Eastfieldcollege.edu
2. Click on Apply Now under the Eastfield logo
3. Under Step 1, click on the link *New DCCCD Student Application*
4. Click on the link *Begin the Dual Credit Application*, tab is purple color
5. Fill in your information
 - a. First, Middle & Last name
 - b. Home, Work & Cell number
 - c. E-mail address & confirm e-mail
 - d. Please choose one of the following: *I currently live in Texas*
 - e. Please indicate on what basis you are seeking admissions: *Dual Credit/Concurrent*
 - f. Create a username
 - g. Create a password & confirmed password
 - h. Click on *Create Account & Continue*
6. Page I – Part A
 - a. What semester will you begin taking classes: *choose current semester*
 - b. Reason for attending university: *two year degree*
 - c. I plan to take courses primarily through: *Eastfield College*
 - d. Your social security number: If you have an social security please click on: *The following is my social security #: add your social security # OR if you do not have one or do not know it please click on: I do not have a Social Security #*
 - e. Date of birth
 - f. Address, City, State & Zip code
 - g. Please choose a county: *Dallas*
 - h. How long have you lived at this address: *Choose the number of years and months*
 - i. Permanent Mailing address: *Do not fill out, leave it blank*
 - j. Place of Birth: *City, State & Country*
 - k. How do you identify yourself: *Ethnicity, Race & Gender*
 - l. What is your primary language: *choose a language*
 - m. Are you a U.S. Citizen: *Yes or No. If you answered yes, scroll down to Military-Veteran Status. If you said no, fill out the questions below*
 - n. Military-Veteran Status: Choose an answer if not please click on: *None of the above*
 - o. Emergency Contact: *Name of person in case of an emergency & contact #*
 - p. Click on: *Save & Continue*
7. Page II – Part A (cont.)
 - a. Which of the following best describes your High School Education: *I am or will be a High School Graduate*
 - b. What year did you or will graduate from High School: *Enter the year of graduation*
 - c. Which best describes your High School or International Equivalent: *Click on Texas high school. Select from All Texas High Schools & scroll down to choose your school name*
 - d. Did you take Career Pathway course for college credit: *No*
 - e. Did or will you graduate with an IB diploma: *No*
 - f. Previous College Work: Click on *I have no previous college experience*
 - g. Scroll down all the way towards the bottom of the page and then click on *I have not taken any of the test listed above and I am not claiming an exemption*
 - i. Please click on “I have not taken any test” even though you might have exemptions scores. We have to verify first.
 - h. Click on *Save & Continue*
8. Page III - Part B
 - a. During the 12 months prior to the term for which you are applying, did you attend a public college/university in Texas: *No and skip to Part C.*
9. Part C
 - a. Are you a Texas resident: *Yes*
10. Part D
 - a. Did you live in Texas or will you have lived in Texas the 3 consecutive months leading up to high school graduation or completion of the GED: *Yes*
 - b. When you begin the semester for which you are applying, will you have lived in Texas for the previous 12 consecutive months: *Yes*



11. Part E

- a. Do you file your own federal income tax as an independent taxpayer: *No*
- b. Are you claimed as a dependent or are you eligible to be claimed as a dependent by parent: *Yes*
- c. If you answered "No" to both questions above, who provides the majority support: *Parent or Guardian*
- d. Click on *Save & Continue*

12. Page IV – Part F

- a. Skip part F
- b. Click on *Save & Continue*

13. Page V Part H

- a. Skip part H
- b. Click on *Save & Continue*

14. Part V Part I

- a. Click on the box towards the end of the page "*By checking this box, I am attaching my electronic signature*"
- b. Click on *Save & Continue*

15. Review Application

- a. Review all the information you typed in or clicked on and make sure everything is correct. Make changes if needed.
- b. If everything is good then click on *Save & Continue*

16. Submit Application

- a. Click on "*Submit My Application*"

17. Application for Admission Results

- a. You will get a Letter of Acceptance. WRITE down your EFC ID# on the first page of this packet. It should get a 7-digit # as your Eastfield ID#.

18. Towards the bottom of the acceptance letter click on *Set up My eConnect Account*

e-Connect

1. Towards the bottom of the page of the acceptance letter click on "*Set up My eConnect Account*"
 - a. Enter your Last Name, Birth Date, Email Address, and Student ID Number. Email address must be the same one you enter on the application and ID# is the number

given to you when you completed the application.

- b. Click *Submit*
2. **Create Password**
 - a. Create a password & confirm password.
 - b. Password hint: enter a password hint in case you forget your password
 - c. Challenge Question: Choose a question and enter an answer for security
 - d. Case sensitive: Click on the box *Enable Enhanced Security*
 - e. Click *Submit*
3. **Confirmation**
 - a. You should get a confirmation page saying congratulations you have created an account
 - b. Do not log in

Pre-Assessment Activity

1. Go to www.econnect.dcccd.edu
2. Click the Current Credit Student Menu
3. Under "*prepare to register*" click on the link "*pre-assessment video*".
4. Video Links: Click on Eastfield College
5. Watch the video
6. Once you completed watching the video click on "*continue to assessment*" below the video.
7. You will be prompted to log in to your Student eConnect Account
8. Click the box next to the information that indicates "I certify that I have watched the Pre-Assessment Video" and click *submit*
9. Complete the quiz
10. Once you complete the quiz you will get a confirmation list that shows you the correct & incorrect answers
11. Print your results
12. Click *Log Out* when you are finished

If you have exempt scores such as SAT, ACT or STAAR, please bring those in with the rest of the forms to discuss with an Academic Advisor.

Please continue filling out all forms attached. Please write your EFC ID# on top of all forms in the right hand corner.



**Consent to Emergency Treatment
Dallas County Community College District ("DCCCD")
Under Age 18**

Printed Name (Last, First, Middle) _____
Date of Birth _____
Dual Credit Program

DCCCD on behalf of Eastfield College is an educational institution in which

_____ (Print student name), a student, is enrolled and College has received written authorization to consent to emergency medical treatment from a person having the right to consent as follows:

I, _____ (Print parent name), the _____ (relationship to student) grant College permission to authorize emergency medical treatment for the above named student. This authorization is effective until the student's 18th birthday, which is _____ (month & year). The undersigned is responsible for all medical costs associated with this authorization.

Signature of Parent or Legal Guardian _____
Date

Work No. Home No. Cell Phone

In the event that parent or legal guardian cannot be reached, please contact:		
Emergency Contact #1:		
_____ Name	_____ Relationship	_____ Work/Home No.
Emergency Contact #2:		
_____ Name	_____ Relationship	_____ Work/Home No.

Voluntary Health Information

Allergies: _____

Current Medications & Dosages: _____

List health problems you believe the college should be aware of in case of emergency:



Eastfield College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

Brookhaven College
 registrar-bhc@dccc.edu
 phone: 972-860-4863
 fax: 972-860-4886

Cedar Valley College
 registrar-cvc@dccc.edu
 phone: 972-860-6201
 fax: 972-860-8001

Eastfield College
 registrar-efc@dccc.edu
 phone: 972-860-7167
 fax: 972-860-8306

El Centro College
 registrar-ecoc@dccc.edu
 phone: 214-860-2311
 fax: 214-860-2233

Mountain View College
 registrar-mvc@dccc.edu
 phone: 214-860-8600
 fax: 972-698-3074

North Lake College
 registrar-nlc@dccc.edu
 phone: 972-273-3183
 fax: 972-273-3112

Richland College
 registrar-rlc@dccc.edu
 phone: 972-238-6100
 fax: 972-238-6346

Distance Learning students contact: Dallas Colleges Online, registrar-dlc@dccc.edu phone: 972-669-8414, fax: 972-682-7071

Proof of Bacterial Meningitis Immunization Compliance

Effective January 1, 2014, the age for an exemption from the vaccine requirement is 22.

Student Name	DCCCD ID#
Address	Date of Birth
Email Address	Telephone

Please read and place an "X" in the correct box: sign, date, and submit to your College Admissions Office.

- I am claiming a Bacterial Meningitis Vaccine exemption due to health reasons (see section B below). I am declaring an exemption from the Texas immunization requirement for bacterial meningitis for reasons of conscience, and have attached the appropriate notarized affidavit form. Texas Department of State Health Services (DSHS) affidavit can be found at <https://webds.dshs.state.tx.us/immco/default.aspx>
- I have received the Bacterial Meningitis Vaccine within the last 5 years and I have attached an **official** vaccination record.
- My Physician or health care professional has documented my meningococcal vaccine in section A below.

Physician or Other Health Care Provider Must Complete A or B

A. Vaccination Date: _____ **Vaccine Type:** MCV-4 MPSV-4 As recommended by the CDC

PLEASE DO NOT SIGN THE COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.

 (Signature of Physician or Other Health Care Provider) Date

Please use stamp or print name, office address, phone number and the state where licensed and license number.

B. BACTERIAL MENINGITIS MEDICAL EXEMPTION
 I CERTIFY, THAT IN MY OPINION, THE BACTERIAL MENINGITIS VACCINATION REQUIRED WOULD BE INJURIOUS TO THE HEALTH AND WELL-BEING OF THE STUDENT AND SHOULD NOT BE ADMINISTERED AT THIS TIME.

 (Signature of Physician or Other Health Care Provider) Date

- ✓ I understand that I will not be allowed to register for courses in any of the colleges of the DCCCD without the proper meningitis vaccination documentation as indicated above.
- ✓ I understand that proof of the vaccination must include the physician or health care professional's signature, the date the vaccination was administered, the medical facility's stamp and seal, and contact information.
- ✓ I certify that, to the best of my knowledge, the above information (including attachments) is true and correct. I also give my consent for the above immunization record to be entered into my student record.

Student's Signature	Date
Signature of Parent or Legal Guardian	Date
Printed Name of Parent or Legal Guardian	Relationship to Student