Dual Credit Program - Student Verification Form

Complete and return this form for processing. Once your record is created or activated, your Ball State username and password will be generated or activated and you will be able to register for your class.

Legal last name, first name, middle name: _______________________________________________________

Home address: ______________________________________________________________________________

City, state, zip: ______________________________________________________________________________

Home or primary telephone number: ___________________________________________________________

Birth date: (Month ___________ Day ___________ Year ______________)

Email address: ______________________________________________________________________________

State of Residence: __________________________________________________________________________

Citizenship: ________________________________________________________________________________

Gender: Female        Male

Ethnicity: Hispanic/Latino         Not Hispanic or Latino

Race: American Indian or Alaska Native       Asian            Black or African American   Hispanic

Native Hawaiian or Other Pacific Islander     Unknown             White or Caucasian

Who is your legal guardian(s), or with whom do you reside?

Father and Mother (including step parents)        Father/stepfather       Mother/stepmother                Guardian

Guardian Information:

First and last name of parent or guardian: ______________________________________________________

Address, City, State, Zip: __________________________________________________________________

Telephone number: __________________________________________________________________________

What high school are you attending, City and State: _____________________________________________

High school graduation date: (month/day/year): _________________________________________________

Have you ever taken Ball State classes?    Yes    No    When ___________________________________________

Student’s Signature and Date ________________________________________________________________

Return to Nancy Day by email at nday@bsu.edu, or fax at 1 765 285-7161 or mail to Ball State University, Attn: Nancy Day, Online and Distance Education, Leterman Bldg. Rm. 131 Muncie IN 47306 Direct any questions to Nancy Day at nday@bsu.edu or 1-765-285-3592.