

Choice Ready Dual Credit Initiative – Intent to Participate

Applicant Information

| Applicant Name | | | | |
|---|-------|--|----------|--|
| | | | | |
| Authorized Representative for Applicant | | Title of Authorized Representative for Applicant | | |
| | | | | |
| Mailing Address | | Telephone Number: | | |
| | | | | |
| City | State | | ZIP Code | |
| | | | | |
| Email Address | | | | |
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This Intent to Participate pertains to ND colleges and universities that elect to participate in the Choice Ready Dual Credit Initiative. ND colleges and universities approved to participate in this work will be listed in a drop down menu on the Choice Ready application that high schools will complete. See the timeline and guidance for more information.

| Signature of Authorized Representative of Applicant | Date |
|---|------|
| | |

Submit by May 20, 2024, to: dpiasstsupt@nd.gov