



Dual Credit High School Registration Permission Form

Semester 1 : Fall Spring Summer Year: 20 _____ Wintermester Year: 20 _____

Semester 2 : Fall Spring Summer Year: 20 _____ Maymester Year: 20 _____

Name of Student: _____ CWID# _____ DOB: ____/____/____

Current School: _____ Current Grade Level: _____ HS Graduation Date (MM/YYYY): ____/____

I understand that if I am admitted under this program, I will abide by the rules and regulations of Collin College, including official registration and withdrawal procedures. I also understand that academic information such as enrollment, grades, and test scores will be provided by Collin College upon request to my corresponding high school.

I understand that I will be registering in a college credit course(s) and will receive a performance (letter) grade which will be recorded on my permanent record at Collin College. Tuition must be paid by posted payment deadline. Courses follow the Collin College calendar as outlined in the student Registration Guide. **I acknowledge that turning in this form only grants me permission to take courses and that I must register online through my CougarWeb account.**

Continued participation in this program requires: 1] satisfactory academic performance as it relates to Collin College's Academic Standards defined in the *College Catalog 2]* parental (if under 18) and school approval for each subsequent semester of enrollment.

I understand that I am not eligible for KINE or developmental education courses for dual/concurrent credit. If I register for these courses I understand that they will be dropped from my schedule.

Official high school transcripts are not required to participate in the Collin College Dual Credit Program. However, one may be required to demonstrate college readiness and to confirm academic information such as test scores, grade classification, vaccination, and other pertinent information.

Dual Credit Vaccine Waiver: I certify that I intend to enroll for the above term in a dual credit course that will be taught online or at a public or private K-12 facility, not located on a Collin College campus. I understand that if I enroll in course(s) that will be taught at a Collin College campus that I will be required to provide proof of a valid vaccination at least 10 days prior to the first day of the first semester or the course(s) will be dropped from my schedule.

Student Signature

Date

To be Completed by Parent or Legal Guardian

I agree to these provisions of admission and enrollments hereby listed for consideration of the student's acceptance and understand he/she must abide by the rules and regulations of Collin College. I understand the student will be responsible for any charges remaining on his/her account not covered by any applicable waivers and is subject to Collin College's Student Financial Responsibility Agreement.

I understand the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs. I understand that once the student is registered in a college course he/she is under the rules of the Family Educational Rights and Privacy Act (FERPA), and I may not have access to my student's records without his/her written permission on the FERPA release form.

My signature below acknowledges that I have read and understand the policies above.

Parent / Legal Guardian Signature

Date

