



# Dual Credit High School Registration Permission Form

Academic Years 20 \_\_\_\_ to 20 \_\_\_\_

Student Name: \_\_\_\_\_ CWID# \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current School: \_\_\_\_\_ Current Grade Level: \_\_\_\_ HS Graduation Date (MM/YYYY): \_\_\_\_ / \_\_\_\_

**By signing the below, you certify the following:**

I understand that upon enrollment in the Dual Credit Program, I am a college student and am therefore subject to and must comply with Collin College policies, procedures, rules, regulations, and guidelines as well as those of my high school. Tuition must be paid by posted payment deadlines as designated by my high school campus. I also understand that academic information such as enrollment, grades, and test scores will be provided by Collin College to my corresponding high school upon request.

I understand that I will be enrolled in college credit course(s) offered on my high school campus or one of the Collin College campuses. I will receive a letter grade for these courses that will be recorded on my permanent college transcript. A numerical grade will appear on my high school transcript for approved dual credit courses; conversion of these grades is the responsibility of the respective high school. It is my responsibility to verify the transferability of courses with higher education institutions of choice.

I understand that eligibility for participation in this program requires college level readiness met through the Texas Success Initiative (TSI) or testing waivers through the PSAT-NMSQT, ACT-Aspire, or STAAR scores. Students may also earn testing exemptions through qualifying SAT or ACT scores. Information regarding testing scores can be found online on the [Collin College TSI FAQs](#) webpage. I understand that I am not eligible for KINE (Kinesiology) or developmental education courses for dual/concurrent credit. If I register for these courses, I understand that they will be dropped from my schedule.

I fully understand and acknowledge that if I wish to drop or withdraw from a college course(s), it is my responsibility to first discuss this matter with my high school counselor. Upon approval, my counselor will notify Collin College of the request to drop or withdraw me from my course(s).

I understand that if enrolled in dual/concurrent credit course(s) taught on a Collin College campus, I will be required to provide proof of a valid meningitis vaccine or exemption at least 10 days prior to the start of the course. If I do not meet the deadline my on campus course(s) will be dropped from my schedule. [www.collin.edu/gettingstarted/admissions/meningitis/](http://www.collin.edu/gettingstarted/admissions/meningitis/)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**To be Completed by Parent or Legal Guardian (if student is under the age of 18 years old)**

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

**To be Completed by Authorized High School Representative**

I hereby approve the above student to participate in the Dual Credit program at Collin College pending their compliance with Collin College's admissions requirements.

\_\_\_\_\_  
High School Counselor/Representative Signature

\_\_\_\_\_  
Date