## **DUAL ENROLLMENT APPROVAL FORM**



STUDENT NA	ME:		DDLE		LAST	
DOB or STUDENT ID (A#):						
NAME OF SC	HOOL:				GI	PA:
SEMESTER:	FALL	_(Year) $\Box$ S	PRING	(Year)	SUMMER_	(Year)
	COMPLETE AS	S MUCH INFORMAT	ION AS POSSIBLE – I	LIST EACH COUR	SE SEPARATELY	
CRN #	COURSE NAME & NUMBER	SECTION #	CAMPUS	DAYS &	& TIMES	INSTRUCTOR

COUNSELOR SIGNATURE DATE STUDENT SIGNATURE DATE	COUNSELOR SIGNATURE	DATE	STUDENT SIGNATURE	DATE
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Counselor signature indicates the student has met the academic readiness & social maturity requirements for Dual Enrollment, the student meets minimum GPA requirements (2.0 for Industrial Technologies & 2.5 for all other programs), and student is approved for registration into the course(s) listed in the semester indicated above. Student's signature indicates their request for registration & approval of the Release of Academic Record (FERPA). All required new student documentation must be submitted to the Dual Enrollment office for processing in order to be eligible for registration. Counselor and student acknowledge parental consent regarding participation in Dual Enrollment (as also acknowledged on the Dual Enrollment Application for Admission) and awareness of any Dual Enrollment Scholarship award.

## **RELEASE OF ACADEMIC RECORD – FERPA**

I authorize Calhoun Community College to release my academic record each term to my high school in accordance with the Family Educational Rights and Privacy Act of 1974, I hereby permit Calhoun Community College to disclose all records or information to the individuals listed below. This release shall remain in effect until I provide written notice to the Records Office to discontinue the release or until I earn my high school diploma. My signature indicates I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974. More info regarding FERPA is outlined in the College Catalog <a href="https://catalog.calhoun.edu/student-records-and-transcripts">https://catalog.calhoun.edu/student-records-and-transcripts</a>

PRINTED NAME: _	Relationsl	ip: (Parent or Guardian)
PRINTED NAME: _	Relationsl	ip: (Parent or Guardian)

Dual Enrollment Continuous Eligibility Policy & Appeals Information is outlined on the Calhoun website https://calhoun.edu/dual-enrollment/

**DUAL ENROLLMENT SCHOLARSHIP APPLICATION -** Dual Enrollment Workforce Scholarships are intended to facilitate a pathway from the high school to the post-secondary institution & the workforce. Signatures by the student & parent indicate approval to participate in the specified program, including acknowledgement of the Workforce Scholarship award. Please see <a href="https://calhoun.edu/dual-enrollment/dual-enrollment-workforce-scholarship/">https://calhoun.edu/dual-enrollment/dual-enrollment-workforce-scholarship/</a> for scholarship requirements.

PARENT/GUARDIAN SIGNATURE

DATE

Parent Signature ONLY Required for Scholarship Applicants