



## Dual Credit Partnering Student Registration Permission Form

Term:

☐ Fall 20\_\_\_\_ ☐ Spring 20\_\_\_\_ ☐ Wintermester 20\_\_\_\_ ☐ Summer 20\_\_\_\_ ☐ Maymester 20\_\_\_\_

Name of Student: \_\_\_\_\_ 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 all 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 enrolling in college level, academic courses does not require proving college level readiness through the Texas Success Initiative (TSIA2) until I have earned 15 credit hours and am considered a degree-seeking student. Information regarding testing scores can be found online on the Collin College [TSI FAQs webpage](#). Please be aware that once a Collin College course is completed or withdrawn from, it will remain on the student's official college transcript for the duration of their academic career.

I understand that once I am considered degree seeking I will need to file a degree plan and may need prove college readiness through taking the TSIA2 or providing proof of an exemption for TSIA2.

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 prior to registration. If I do not meet the deadline, my on campus course(s) will be dropped from my schedule. <https://www.collin.edu/meningitis/index.html>

\_\_\_\_\_  
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 agree to allow my student's high school to provide Collin College verification of approval of student participation in the National Free Lunch Program for consideration of a tuition-only waiver at Collin College.

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

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

**To be Completed by High School Counselor or High School Official Only**

| <b>Course Number</b><br><i>(ENGL 1301, GOVT 2305, etc)</i> | <b>Dual Credit</b>       | <b>Concurrent<br/>Credit</b> |
|------------------------------------------------------------|--------------------------|------------------------------|
|                                                            | <input type="checkbox"/> | <input type="checkbox"/>     |
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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 or Official Signature

\_\_\_\_\_  
Date

High School Counselor/Official, please return completed form to your CCC/SAC or [dualcredit@collin.edu](mailto:dualcredit@collin.edu) on behalf of your student