Dual Credit Special Admit
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 Collin College policies, procedures, rules, regulations, and guidelines. Tuition must be paid by posted payment deadlines as designated by Collin College.

I understand that I will be enrolled in college credit course(s) offered online or at one of the Collin College campuses. I will receive a letter grade for these courses that will be recorded on my permanent college transcript. Conversion and transcription of these grades for high school credit is the responsibility of my high school administrator. 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 Please be aware that once a Collin College course is completed or withdrawn from, it will remain on the student's official college transcript for the duration of their academic career.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 am not eligible to take Kinesiology (KINE), except for KINE 1164, 1304, 1338 or developmental education courses for dual or concurrent credit; they will be dropped from my schedule if I register for these.

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, I must drop/withdraw myself from my course(s) on Workday. If I experience any technology issues, I am to reach out to dualcredit@collin.edu prior to the drop/withdraw deadlines. 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/

_____ _____

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

Name of Student:_____CWID#_____DOB: _____/_____/_____

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

Course Number *(ENGL 1301, GOVT 2305, etc)*	**Dual Credit**	**Concurrent Credit**
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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 dualcredit@collin.edu on behalf of your student

Revised 8/30/22