



Dual Credit Partnering Student Registration Permission Form

Term (One Term per Form):

Fall 20____ Spring 20____ Wintermester 20____ Summer 20____ Maymester 20____

Name of Student: _____ CWID# _____

DOB (MM/DD/YYYY): ____/____/____ Current Grade Level: _____

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

To be Completed by Student

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 eligibility for participation in this program requires college level readiness met through the Texas Success Initiative (TSIA) or testing exemptions. Students may earn testing exemptions through qualifying SAT or ACT scores. In the event I have taken the TSIA with my high school, I allow my high school permission to provide my TSIA scores to Collin College to be added to my account. Information regarding testing scores can be found online on the [Collin College TSIA 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 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

