



# Dual Credit Partnering Student Registration Permission Form

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

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

1. I agree to all of the provisions of admission and enrollments listed on this form for consideration of the student's acceptance and understand he/she must abide by the rules and regulations of Collin College.
2. 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.
3. I understand that information I provide on a Free or Reduced-Price School Meals (F&RPM) Application form with the school district may be shared with other programs for which my student may qualify. Specifically, my student may qualify for consideration of a tuition waiver at Collin College if the F&RPM information is shared with the college. Therefore, I hereby grant my consent for district school officials to share information with Collin College from my/my student's Free and Reduced-Price School Meals application. Completing this consent will not change whether my student gets free or reduced-price school meals.
4. 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 authorization 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