

Dual/Concurrent Credit High School Registration Permission Form

Term: Fall Spring Summer Year: 20	New Dual Credit Student 🚨	Returning Dual Cre	edit Student 🔲
Name of Student:	CWID#	DOB:/	//_
Current School: Current	Grade Level: HS Graduation	on Date (MM/YYYY):	/
I understand that if I am admitted under this program, I will a registration and withdrawal procedures. I also understand th will be provided by Collin College upon request to my corres I understand that I will be registering in a college credit cours	abide by the rules and regulations o at academic information such as te eponding high school.	f Collin College, inclu st scores and college	ding official transcripts
recorded on my permanent record at Collin College. Tuition Collin College calendar as outlined in the student Registratic me permission to take courses and that I must register of	must be paid by posted payment don Guide. I acknowledge that turn	eadline. Courses follning in this form onl	low the
Continued participation in this program requires: 1] satisfactors Standards defined in the <i>College Catalog</i> 2] parental (if under enrollment.			
I understand that I am not eligible for KINE or developmenta courses I understand that they will be dropped from my sche		rent credit. If I registe	er for these
Official high school transcripts are not required to participate required to demonstrate college readiness and to confirm ac vaccination, and other pertinent information.			
<u>Dual Credit Vaccine Waiver:</u> I certify that I intend to enroll that a public or private K-12 facility, not located on a Collin Coltaught at a Collin College campus that I will be required to profit the first semester or the course(s) will be dropped from my	llege campus. I understand that if I rovide proof of a valid vaccination a	enroll in course(s) th	at will be
Student Signature	Date	e	
To be Completed b	by Parent or Legal Guardian		
I agree to these provisions of admission and enrollments herel he/she must abide by the rules and regulations of Collin Colleg remaining on his/her account not covered by any applicable we Responsibility Agreement.	ge. I understand the student will be	responsible for any c	harges
I understand the student may be exposed to adult material in t centers and computer labs. I understand that once the studen Family Educational Rights and Privacy Act (FERPA), and I mapermission on the FERPA release form.	it is registered in a college course h	e/she is under the ru	les of the
My signature below acknowledges that I i	have read and understand the po	licies above.	
Parent / Legal Guardian Signature		Δ	

To be Completed by High Sch			_DOB://
-	ool Counselor	or Official	
Course Name and Number (ENGL 1301, GOVT 2305, etc.)	CRN	Dual Credit	Concurrent Credit
If the student qualifies for a TSI exemption based on SAT or ACT scores, the offi Eligible for TSI waiver based upon:	·	TSI waiver	
PSAT/NMSQT:	STAAR:		
EBRW: / / Test date (mm/dd/yyyy)	English II:		/ Test date (mm/dd/yyyy)
(460 or higher) Test date (mm/dd/yyyy)		(4000 or higher)	Test date (mm/dd/yyyy)
Math: / / Test date (mm/dd/yyyy)			
(e.e. e. nigher)	Algobro I:		
ACT Aspire:	Algebia I.	(4000 or higher)	Test date (mm/dd/yyyy)
English://	Final Nume	and ric Grade in Algebr	
(435 or higher) Test date (mm/dd/yyyy)		-	(Grade of 70% or higher)
Math://			
(431 or higher) Test date (mm/dd/yyyy)			