



Statement of Approval for Dual Enrollment for Dual Credit Students

Your application to the Dual Enrollment for Dual Credit program will be official only upon receipt of this form, completed and signed by the counselor of your local school, and a completed Application for Admission for Dual Enrollment for Dual Credit.



Student Name _____

Coastal "A Number" _____ School Year _____

Name of High School _____

Student's Grade level at time of participation: 10th ☐ 11th ☐ 12th ☐

TECHNICAL PROGRAM

Program/Courses	Participation Year	Location	Effective Terms (circle all that apply)
	New / Yr 2 / Yr 3		FA / SP / SU

ACADEMIC COURSES

Course	High School Equivalency / Delivery Method / CRN	Fall / Spring / Summer (Circle One)
		FA / SP / SU
		FA / SP / SU
		FA / SP / SU
		FA / SP / SU

The student has a minimum cumulative GPA of 2.5 (unweighted) for Academic and/or 2.0 (unweighted) for CTE Courses. I hereby recommend that this student be admitted to the Dual Enrollment for Dual Credit program in the Alabama Community College System.

High School Designee: Signature _____ Date _____

To comply with the requirements of FERPA, this college shall obtain written consent from students before disclosing any personally identifiable information from his/her educational records. As a participant of the Dual Enrollment for Dual Credit program. My signature below authorizes the College to release the information noted in this section:

Student signature acknowledges the following:

- Authorizing release of grade reports and other records to the local high school at the end of each term.
- Acknowledges that, if no courses are listed above, the student accepts counselor recommendation of courses.

Student's Signature _____ Date _____

Parent signature acknowledges the following:

- Authorizing release of student records from the local high school to Coastal Alabama Community College.

Parent/Legal Guardian (Please Print) _____

Parent/Legal Guardian Signature _____ Date _____

This form is required for students only once each new school year. Only if changes are made will a new form be required (Change of high school, change in technical program, new courses not previously listed).

Program Agreement Form

As a Coastal Alabama Community College student, I understand the following:

- Textbooks and any required materials for the courses are the responsibility of the student.
- A grade of "D" or lower or withdrawal from a course will result in one term of ineligibility, can affect future financial aid status of students, and can affect high school credits and GPA.
- I must check my schedule each semester before the start of classes
- High school IEP/504 plans are not honored by postsecondary institutions.
- I am responsible for obtaining any necessary accommodations through the college ADA representative *before* classes begin each term.

It is the responsibility of the student to check their schedule each semester before the start date of classes for any errors regarding registration, charges, account holds, and personal contact information. Students who contact their career coach or dual enrollment staff *after* the start date of classes with account or course registration errors may not be able to remedy these errors.

Student Name (Please Print) _____

Student's Signature _____ Date _____

As the parent/guardian of a dual enrollment student, I understand the following:

- I acknowledge and agree to all posted dual enrollment policies.
- Textbooks and any required materials for the courses are the responsibility of the student.
- The rights to private educational information (FERPA) transfer to the student upon enrollment, regardless of age.
- A grade of "D" or lower or withdrawal from a course will result in one term of ineligibility, can affect future financial aid status of students, and can affect high school credits and GPA.
- High school IEP/504 plans are not honored by postsecondary institutions.
- If my student requires any accommodations for courses, *the student* must contact the college ADA representative *before* classes begin each term.

Parent/Legal Guardian (Please Print) _____

Parent/Legal Guardian Signature _____ Date _____