



Dual Credit and Concurrent Enrollment

The DCCCD Dual Credit Program is a joint program between the DCCCD, on behalf of its colleges (the “College”), and your high school (the “High School”). As a joint program, it is administratively necessary for certain information related to your participation in the program to be shared with your High school. The following authorizations are required for participation in the Dual Credit Program:

COLLEGE (CHOOSE ONE): BHC CVC EFC ECC MVC NLC RLC

STUDENT NAME *(please print)* _____

DCCCD ID _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Parent’s Name _____

High School _____

For each of the items below, Student and/or Parent/Guardian should certify Student and Parent/Guardian’s understanding and agreement, where applicable, by circling the applicable answer, initialing each, and signing the acknowledgement at the end of this form. If you fail to complete any item in this form, the College will consider and may list the response as “NO.” A “NO response to any of the items, may, if applicable, impact the ability of a student to participate in the Dual Credit Program

A. **Student** is or will be enrolled as a student at High School and has permission to take dual credit or concurrent courses with College. Student must provide a signed high school enrollment form and official High School transcript.

Does Student/Parent/Guardian understand/agree? YES/NO -- _____ (Initial)

B. **Student** will be enrolling in a college credit course at one or more of the colleges of the DCCCD and will receive a letter grade upon completion of the course that will be recorded on Student’s permanent college transcript. A numerical grade will appear on Student’s High School transcript for dual credit courses; conversion of the grade is the responsibility of the respective High School. Student understands that it is Student’s responsibility to verify the transferability of courses with the institution of choice.

Does Student/Parent/Guardian understand/agree? YES/NO - ____ (Initial)

- C. **Student/Parent** authorizes College to release to above named High School Student's academic records related to Student's participation in the Dual Credit Program.

Does Student/Parent/Guardian understand/agree? YES/NO -- ____ (Initial)

- D. **Eligibility** for continued participation in this program requires satisfactory academic performance at the HS; a grade of C or better in all college courses; and parental and school approval for each subsequent semester of enrollment. A student who earns a grade of D or F may not be eligible for future dual credit courses or may have restrictions imposed. Students are not eligible for state or federal financial aid while enrolled in high school. However, grades earned for dual credit/concurrent courses can impact a student's future financial aid eligibility.

Does Student/Parent/Guardian understand/agree? YES/NO -- ____ (Initial)

- E. If Student wishes to withdraw from a college course, it is Student's responsibility to first discuss the matter with Student's high school counselor. Also, it is Student's responsibility to submit the required withdrawal form to the College Dual Credit/Concurrent Enrollment Coordinator or College Registrar by the published deadline.

Does Student/Parent/Guardian understand/agree? YES/NO -- ____ (Initial)

- F. If Student is a non-immigrant visa student, Student is responsible for maintaining his/her own visa status. Student is responsible for verifying Student's status and eligibility to take college courses through dual credit enrollment.

Does Student/Parent/Guardian understand/agree? YES/NO -- ____ (Initial)

- G. Student must be enrolled as a full-time Student at his/her high school to participate in the Dual Credit Program.

Does Student/Parent/Guardian understand/agree? YES/NO -- ____ (Initial)

- H. Upon enrollment in the Dual Credit Program, Student is a college Student and is therefore subject to and must comply with the DCCCD policies, procedures, rules, regulations, guidelines, and decisions as well as those of his/her high school.

Does Student/Parent/Guardian understand/agree? YES/NO -- ____ (Initial)

- I. **Parent/Guardian of Student** grants the College permission to authorize emergency medical treatment for Student. The authorization is effective until Student's 18th birthday, which is _____. Parent/Guardian understands that Parent/Guardian is responsible for all medical costs associated with this authorization. If applicable, voluntary health information is attached.

Does Parent/Guardian of Student understand/agree? YES/NO -- ____ (Initial)

- J. In order to register for courses, Student must provide DCCCD with proper meningitis vaccination documentation, which will be entered into Student's academic record. A High Schools that is unable to provide proof of vaccination on the high school transcript, will provide the student with College/High School approved meningitis form, which must include the signature of and contact information for the student's physician or health care provider, the date the vaccination was administered, and the stamp and seal of the administering medical facility.

- K. **Student and Parent/Guardian of Student** understand that they will designate on this form emergency contact information for the student. Parent/Guardian designate the individual(s) below as designated emergency contact.

Does Student/Parent/Guardian understand/agree? YES/NO -- ____ (Initial)

Emergency Contact #1:

Name _____ Relationship _____
Work/Home Phone Number _____

Emergency Contact #2:

Name _____ Relationship _____
Work/Home Phone Number _____

Voluntary Health Information:

Allergies: _____

Current Medications & Dosages: _____

By signature below, I acknowledge that I have read, understand, and shall comply with the above terms.

Student Signature _____ **Date** _____ **Grad Date** _____

Parent/Guardian Signature _____ **Date** _____

The undersigned High School official hereby certifies that Student meets the requirements for enrollment in the Dual Credit program, is enrolled in an eligible high school and has on file at the High school or at the College verification of all required immunizations.

High School Official Signature _____ **Date** _____

Office Use Only:

Date Received: _____ **Received by:** _____

Will Student Need to End Previous High School Transcript Date: Yes _____ No _____

Name of Previous High School: _____