

Year: 20 _____
 Term: Fall
 Spring
 Summer



Dual Credit / Exceptional Admission Course Approval Form

Check the Appropriate Program(s) _____ Dual Credit _____ College Credit Only

| | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please Type or Print | Name of Student: _____ LSC ID# _____ DOB: ____/____/____ |
| | Current School: _____ Current Grade Level: _____ HS Graduation Date (MM/YYYY): ____/____/____ |
| | I understand that if I am admitted under this program, I will abide by the rules and regulations of LSC, including official registration and withdrawal procedures. I also understand that academic information such as test scores and college transcripts will be provided by LSC upon request to my corresponding high school. |
| | Student Signature _____ Daytime Phone Number _____ |

To be Completed by Parent or Legal Guardian

I agree to these provisions of admission and enrollments hereby listed for consideration of the student's acceptance and understand he/she must abide by the rules and regulations of LSC. 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 LSC's Student Financial Responsibility Agreement.

http://www.lonestar.edu/departments/financetreasury/LSCS_Financial_Responsibility_Agreement.pdf

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 or proof that I claimed the student as a dependent on my most recent income tax return.

I understand that students who receive a D or F in a dual credit course are not permitted to continue in the dual credit program.

My child is aged 15 years and under, and by checking this box, I will assure that I (parent, legal guardian, or authorized responsible adult) will be available on the college campus (but not in the student's classroom) to monitor his/her activities outside of class, in the library, and in open labs in case of emergency.

My signature below acknowledges that I have read and understand the policies above.

 Parent / Guardian Signature

 Date

To be Completed by High School Principal or Designee

| Class # | Subject | Catalog # | Section # | High School Course | Dual Credit | College Credit |
|---------|---------|-----------|-----------|--------------------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Official Test scores are required for Dual Credit registration at Lone Star College and have been attached to this form.

 High School Principal or Designee Signature

 Date

For Office Use Only

Total Hrs. Enrolled: _____ Hrs. Eligible for Waiver: _____
 Initial: _____ Date: _____