

Year: 20 _____
 Term: Fall
 Spring
 Summer



Dual Credit / Exceptional Admission Course Approval Form

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

Name of Student: _____ LSC ID# _____ DOB: _____
 Current School: _____ Anticipated month/year of graduation: _____

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 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/financetresury/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.

 Parent / Guardian Signature Date

My signature above acknowledges that I understand that students age sixteen (16) years or younger must have a parent or legal guardian on the college campus, center, or facility at all times to monitor the student's activities outside of class and to be immediately available in case of an emergency. Failure to have a parent or legal guard on site will cause the student to be removed from each enrolled class.

My child is under 16 years of age.

To be completed by high school principal or designee

Class #	Subject	Catalog #	Section #	High School Course	Dual Credit	College Credit Only
					<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: _____