

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: _____

