



Dual Credit / Exceptional Admission Course Approval Form

For LSC Office Use Only:

Check the Appropriate Program: ☐ Dual Credit ☐ Dual Credit College Academy or Early College HS ☐ Exceptional Admit
Check Appropriate Program ☐ DCHS (High School) ☐ DCCA (Dual Credit College Academy) ☐ EA (Exceptional Admit)
S09 Service Indicator Reason Code: ☐ DCHMS (Home School) ☐ EAEC (Except Admit - Early College) ☐ EAACL (Exceptional Admit - Accelerated)

Please Type or Print	Name of Student: _____ LSC ID# _____ DOB: ____ / ____ / ____	
	Current School: _____ Current Grade Level: _____ HS ID# _____ 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](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 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.
- ☐ For College Credit Only: I understand the high school is not required to count the college course towards high school graduation requirements. I understand the student cannot register for a college credit only course conflicting with the class schedule at the high school.

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

College Course Selections				Select Appropriate Term			LSC Registration Note: Enter "Action Reason" Code	
Class #	Subject	Catalog #	Section #	Year 20 ____	Year 20 ____	Year 20 ____	DC	EACC
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<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 LSC Office Use Only

Term: Summer	Year 20 ____	Term: Fall	Year 20 ____	Term: Spring	Year 20 ____
Total Hrs Enrolled:	_____	Total Hrs Enrolled:	_____	Total Hrs Enrolled:	_____
Hrs Eligible for Waiver:	_____	Hrs Eligible for Waiver:	_____	Hrs Eligible for Waiver:	_____
Initial: _____	Date: _____	Initial: _____	Date: _____	Initial: _____	Date: _____



PARENTAL CONSENT AND WAIVER FORM FOR
MINOR STUDENTS

As a condition to be enrolled as a student within Lone Star College ("LSC"), I, _____, ("Student") understand that it is my responsibility to complete this form truthfully and accurately to the best of my ability. I further agree to notify immediately and in writing the LSC Admissions and Financial Aid Offices of any circumstances that may change.

I understand that a college level standard of conduct is required, and it is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of LSC, and standards set forth in the course syllabus. I understand that college level grading requirements will be used. I also understand that enrolling in certain courses could negatively affect financial aid, scholarships, future enrollment, tuition costs, etc.

Signature of Student

Date

LSC Student ID

To be completed by Parent/Guardian:

I, _____, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above named Student to enroll in classes at LSC.

Either I or a designated responsible adult will be available at LSC to monitor Participant's activities outside of class while at LSC owned locations and will be immediately available in case of an emergency. I understand that although LSC will act reasonably, LSC does not take guarantee to provide additional or extraordinary safety measures for any group or individual on campus.

All students age fifteen (15) years or younger must have a parent, legal guardian, or authorized responsible adult while at a LSC college, 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 guardian at the LSC college, center, or facility will cause the student to be removed from each enrolled class.

In consideration of Student being permitted to participate in courses at LSC and use the LSC facilities ("facilities"), I, on behalf of Student, hereby assume all risks of injury, illness, death or other loss arising from or in any way relating to Student's participation in courses or use of the facilities. I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

On behalf of myself, Student, family, heirs, and personal representative(s), I hereby release LSC, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, Student, personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Student's property and for any and all illness or injury to student, including death, that may result from or occur during participation or use of the facilities, whether caused by negligence of the Releasees, or otherwise. I further agree to indemnify and hold harmless Releasees from liability for the injury or death of any person(s) and damage to property that may result from Student's negligent or intentional act or omission while participating or using the facilities. I understand and agree that Releasees may not have medical personnel available.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Parent/Guardian

Date

Note: Signed original to be retained as a Student record.

Name of Parent/Guardian

Note: Modification of this Form requires approval of OGC

**AGREEMENT
REGARDING MINOR STUDENT ON CAMPUS**

I, _____ (the "Student") want to attend classes at Lone Star College (the "College"). I shall comply with the College's Policies and the Chancellor's Procedures. I acknowledge that I will be deemed an adult for the purposes of the College's Policies, Chancellor's Procedures, college-grading standards, and adherence to course syllabus rigor. I acknowledge that being a minor shall not excuse my conduct at any time.

Student Signature

Date: _____

Parent/Guardian Portion:

I, _____ (the "Guardian") hereby certify that I am the legal guardian of the above-named Student. I acknowledge reading and understanding the statements Student signed above. I hereby grant my consent for Student to enroll in classes at the College. I also hereby grant consent for the College President, Chief Operating Officer, or Chancellor ("College Authorized") to waive Section II.D.2.04 for student ("Requirements for Minors on College Premises").

I acknowledge the College has no obligation to waive Section II.D.2.04 for Student. I further acknowledge that the College may at its discretion—through one of the above-named officers—decide to withdraw this waiver at any time. I acknowledge that if the College should withdraw this waiver, then Guardian and Student shall promptly comply with Section II.D.2.04 of the Lone Star College District Policy Manual. I acknowledge that neither I nor student have an entitlement under College Policy or Chancellor's Procedures to this waiver. I acknowledge that this waiver is not only for a College program, class, or event, but also includes: computer labs (e.g., for tests), science labs, physical fitness facilities, storage rooms, equipment rooms, outdoor water features, or outdoor athletic facilities.

I shall be available in case of an emergency involving the Student. I acknowledge that the College will use reasonable efforts in responding to issues regarding Student. I further acknowledge that the College shall not be expected to provide any heightened oversight measures for Student's benefit while on the College's property, in a program, class, or event.

I, on behalf of Student, hereby assume all risks of injury, illness, death, or other loss arising from Student's participation in programs, classes, events, or presence on the College's property. I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

On behalf of myself, Student, family, heirs, and personal representative(s), I hereby release the College, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, Student, personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Student's property and for any and all illness or injury to student, including death, that may result from or occur during participation or use of the facilities. I shall indemnify Releasees from liability for the injury or death of any person(s) and damage to property that may result from Student's negligent or intentional act or omission while participating or using the facilities.

I acknowledge this Release shall be under the laws of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, then I shall be bound by the balance of the remaining agreement.

Guardian Signature: _____

Date: _____

College Authorized Signature: _____

Date: _____



AUTHORIZATION TO RELEASE EDUCATION RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, _____, hereby voluntarily authorize officials at Lone Star
College (LSC) to disclose personally identifiable information from my education records.

[Print Name of Student]

Specifically, I authorize disclosure of the following information or category of information **(Please check the box or boxes that apply):**

- | | |
|---|---|
| <input type="checkbox"/> Grades/Transcripts | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Academic Records |
| <input type="checkbox"/> Disciplinary | <input type="checkbox"/> All College Records |
| <input type="checkbox"/> Scholarship and/or Honors | |
| <input type="checkbox"/> Other (Please Specify) _____ | |

This information may be released to:

[Print Full Name(s) of Individual(s) To Whom LSC May Disclose Information]

for the purpose of informing:

- | | |
|---|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Employer/Prospective Employer |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Public or Media of Scholarship, Honor or Award |
| <input type="checkbox"/> Other (Please Specify) _____ | |

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Signature

Date

LSC Student ID Number

LSC-CyFair
Student Services
281-290-3200

LSC-Kingwood
Student Services
281-312-1613

LSC- Montgomery
Student Services
936-273-7326

LSC- North Harris
Student Services
281-618-5481

LSC- Tomball
Student Services
281-351-3310

LSC- University Park
Student Services
281-401-5370

Note: Modification of this Form requires approval of OGC



Expectations Agreement for Online Classes

Through a partnership with Lone Star College, Exceptional Admit students (Dual Credit and College Credit only) requesting to enroll in an online course are to complete contract and submit with Exceptional Admissions form.

Date: _____

Lone Star College Student ID Number: _____

Faculty Expectations

- It is important that the student is prepared for online course requirements:
 - Online courses require a large time commitment from the student. Responsibilities include, but are not limited to, accessing chapter material, committing to assignments, participating in "online" lectures/ discussion boards, and keeping up with deadlines for all work and exams.
 - Course content moves quickly. A successful student is expected to be organized and on time for assignments, lectures, papers, projects, etc.
- Students should have a reliable computer with a reliable internet connection. Additionally, students are expected to be able to troubleshoot common computer issues without the assistance of the faculty member.
- Students should have a working knowledge of common computer programs such as : word processors, databases, spreadsheets, and basic internet navigation.
- Instructors expect you to read and understand the syllabus. The syllabus is a contract for the course. It will explain critical components of the course such as lecture schedule, assignment deadlines, test dates, etc.
- A typical 3-credit online course will require approximately twelve to fifteen (12-15) hours of study per week to complete successfully. This is the equivalent of a part-time job! A 4-credit science course will require about 20 hours of work per week. Before you decide to register for a hybrid/distance class, make sure that you will have the necessary time to spend studying to ensure success in the class.
- The academic requirements to successfully complete a hybrid/distance class are the same as those for the on-campus sections. However, since hybrid/online classes do not regularly meet with the instructor, ALL of the work is done at home.

Specifics:

- Online course must be a University Park hosted course (Section # will begin with a "6")
- Online course must be a "full term course"; length of class must be 16 weeks Fall/Spring, 5 weeks in Summer
- It is recommended that the student successfully complete at least one semester of face-to-face, dual credit courses before attempting an online course

Student, (PRINT full name) _____, has read and agreed to the terms established.

Student Signature _____

Parent Signature _____