



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	
	Current School: _____ 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: _____