

DUAL ENROLLMENT Authorization Form

Rev. 4/2019

This authorization form is REQUIRED for ALL DE students and must be kept on file at the participating high school. Nunez reserves the right to conduct random audits of DE documentation.

STUDENT INFORMATION				
ACADEMIC YEAR: 20 20				
Last Name:	First Name:	MI:_	Date of Birth:	
Social Security Number (required): Email Address (required):				
Address:	City:	State:	Zip Code:	
Telephone Number:	High Scho	ool:	Grade:	
Gender: □ Male □ Female	U.S. Citizen? □ Yes □ No	LA	A Secure ID:	
Ethnicity (Voluntary, check one): \[\sigma American Indian or Alaskan Native \sigma Asian \sigma Black, Non-Hispanic \sigma Native Hawaiian or Other Pacific Islander \sigma White, Non-Hispanic \sigma Hispanic				
STUDENT AND PARENTAL CONSENT				
I certify that all information provided in this form is correct. I understand that my child is enrolling as a non-matriculating student at Nunez Community College. Upon graduation from high school, if my child desires to enroll at a college or university, he/she will apply for admission as a first time freshman student and must meet the college/university admission requirements. I understand that the college coursework and high school and college grades earned in those courses in which he/she enrolls through the dual enrollment program will be on his/her permanent high school and college academic records. I understand that the grades my child earns on college courses in which he/she enrolls through the Dual Enrollment Program may be used by other programs, including TOPS or federal aid programs, to determine his/her continuing eligibility for those programs. I authorize the Board of Regents and the Office of Student Financial Assistance access to my child's high school and college academic records and authorize Nunez to release academic information to my child's high school administration. I acknowledge that: (1) my child is enrolling in the courses approved by his or her high school administration; (2) it is my child's responsibility to OFFICIALLY WITHDRAW or DROP a class he/she decides not to complete by the college's published deadline; and (3) if he/she withdraws from the college course or earns a college grade other than A, B, C, or P in the course, he/she may not be eligible to participate in the dual enrollment program in subsequent semesters. Withdrawal Procedure When considering withdrawal from the college, students should consult with their high school counselor or dual enrollment coordinator. It must be signed/approved by the college instructor, Nunez administration, and high school designee. By signing, I verify that I have read and understand the program guidelines and withdrawal procedure listed above.				
Student Signature	Date			
Parent/Guardian Name (PRINT)				
Parent/Guardian Signature	Date			
HIGH SCHOOL CONSENT				
By signing, I verify that the student above meets enrollment requirements as defined in the Cooperative Endeavor Agreement in place between my school district and Nunez Community College. My signature indicates that I have submitted necessary application information and qualifying test scores to Nunez for this student.				
School Designee Signature	Dat	re		