

# DUAL CREDIT PERMIT TO REGISTER

This form must be completed and submitted for each semester.

Please Select One: ☐ New Student ☐ Returning Student

Student Name: \_\_\_\_\_ Social Security Number/NC Student ID \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Billing Email: \_\_\_\_\_

School: \_\_\_\_\_ Anticipated Year of High School Graduation: \_\_\_\_\_

**As a dual credit student, I understand the following:**

- I have read and will adhere to all college policies, rules, regulations, and deadlines established by Navarro College and my high school.
- I understand that content of college classes will likely involve adult discussions over mature topics. These course-related topics will not be modified to accommodate high school learners.
- While I will be able to receive assistance in course selection, it is my responsibility to verify the transferability of my courses to my selected institution.
- I recognize that federal financial aid is not available for dual credit coursework, but my performance in dual credit classes may impact future financial aid standing.
- Navarro College assumes no responsibility for lost eligibility to participate in University Interscholastic League Activities.
- It is my responsibility to discuss current standing, grades, and attendance directly with my Navarro College instructor. Should I need to drop or withdraw from a college course(s), it is my responsibility to first discuss this matter with my high school counselor AND submit the required drop/withdrawal form to the Navarro College Admissions and Records Office by the published deadline.
- For continued participation in the dual credit program, I must maintain a grade of "C" or better in each dual credit course.
- I give my permission for the college and high school to exchange personal, academic, and behavioral information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Enrollment Verification

Term Enrolling: (Circle ONE)      FALL      SPRING      SUMMER 1      SUMMER 2      8 WEEK TERM      MINIMESTER

<u>Course Name</u>	<u>Course Section</u>	<u>Instructor</u>	<u>Date/Time</u>	<u>Location</u>	<u>Dual Credit</u> (X)	<u>College Credit</u> Only (X)
EX: ENGL 1301	DCX	J. Smith	MW 8-9:30am	X High School	X	

I verify that the above named student has met the criteria and eligibility requirements for attending dual credit classes.

\_\_\_\_\_  
High School Official Signature

\_\_\_\_\_  
Date

PLEASE ATTACH ALL APPLICABLE TEST SCORE REPORTS

### NC DC COORDINATOR USE ONLY:

- ☐ Admissions Application
- ☐ Parent Permission
- ☐ Transcript (HS & Other College)
- ☐ Immunization Record (On NC Campus)
- ☐ Test Score Reports

TSI STATUS:

W: \_\_\_\_\_ R: \_\_\_\_\_ M: \_\_\_\_\_

Comments: \_\_\_\_\_

Registered By: \_\_\_\_\_ Date: \_\_\_\_\_