



HIGH SCHOOL DUAL ENROLLMENT FORM
FOR HIGH SCHOOL STUDENTS TAKING COURSES AT THEIR HIGH SCHOOL

The Dual Enrollment Program is designed for high school juniors to acquire college credits while still attending high school, "a jump start on college."

TO APPLY:

- ✓ Meet with your high school guidance counselor to establish your academic goals and to discuss courses offered.
- ✓ Complete the Dual Enrollment Form and have it approved and signed by your parent/guardian and high school guidance counselor.
- ✓ Courses will be offered at the discretion of the high school.

TO QUALIFY:

Students will need to be selected by their school for courses with pre-requisites. If needed, students must meet all pre-requisites by taking the ACCUPLACER test, or provide one of the testing waivers approved by the college.

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Cell Phone: _____
 High School: _____ Graduation Year: _____

TUITION AND FEE POLICIES:

I certify that all the information I have supplied on this form is accurate and complete. I understand that any misrepresentation of facts may constitute cause for cancellation of my registration and/or dismissal. I understand this to be as per my high school policy which I will discuss with my high school guidance counselor. Should changes occur to my schedule after that start of the semester, I will be responsible for payment of any and all fees. I am aware of the College's current payment/refund policies.

CONDUCT AND BEHAVIOR:

Dual Enrollment students are responsible for their conduct and behavior and must understand and comply with the information in their high school's handbook.

I give permission to Union County College to release any information concerning my enrollment, including my grades in these courses, to my high school and/or parent/guardian.

Student Signature: _____ Date: _____

Please check semester for which permission is granted: Fall Winter Spring Summer I Summer II

COURSE CODE	SECTION	CREDIT HOURS	DAYS & TIMES	DUAL ENROLLMENT ADVISOR'S SIGNATURE	DATE/COMMENTS

- I certify that the student above has met all the pre-requisites for the course(s) above.
 High School Representative Signature: _____ Title: _____
 Date: _____
- I grant approval for _____ to enroll in the Dual Enrollment Course(s) offered by Union County College at _____ High School.
 Parent/Guardian Signature for Approval: _____ Date: _____

THE FOLLOWING QUESTIONS ARE REQUIRED BY THE U.S. DEPT. OF HEALTH, EDUCATION, AND WELFARE, TITLE VI OF THE CIVIL RIGHTS ACT. COMPLETION IS VOLUNTARY.

SEX: MALE FEMALE

ETHNICITY: HISPANIC NON HISPANIC DECLINED TO IDENTIFY

RACE: AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/PACIFIC ISLANDER ASIAN WHITE BLACK/AFRICAN AMERICAN DECLINED TO IDENTIFY