

Dual Enrollment Course Registration Form

*Registration is for an academic term only.

Full LEGAL Name:

LAST NAME

FIRST NAME

MIDDLE

STUDENT SSN

HIGH SCHOOL

GRADE

E-MAIL ADDRESS

PHONE #

Requested Schedule

Semester: _____

College Course	College Credits	Is this a 7 week online course?	If a 7 week course, parent initials	If a 7 week course, student initials	Responsible Party (School or Family)	Cost of Class	Parent Initials if family is responsible

7 week online courses cover the same content and assignments as a traditional 16 week course. Students must manage their time and track their assignments carefully. By initialing the above, parents and students understand this.

To be completed by high school representative. Read the following statements carefully and initial all:

_____ Student is on track to complete TOPS University Diploma.

_____ Student has a **2.5 cumulative** minimum high school GPA.

_____ If using Pre-ACT or Pre-SAT Scores, the high school does not record that the student has taken the ACT or SAT.

_____ If threshold sub scores are lower than required, the student is currently pursuing appropriate course in high school or is enrolled in a developmental course this semester.

Your signature acknowledges compliance with all requirements of LSUA Dual Enrollment.

HIGH SCHOOL REPRESENTATIVE SIGNATURE

DATE



Dual Enrollment Consent Form

*To be completed each academic year.

Student Name: _____

High School: _____

Academic Year: _____

To be completed by the Parent and Student:

Consent and Memorandum of Understanding:

- I understand that I/my child is enrolling as a Preparatory student at LSUA. Upon graduation from high school, if I/my child desires to enroll at a college or university, he/she will apply for admission as a regular student and must meet the college or university admission requirements.
- I understand that the college courses and high school and college grades earned in those courses in which I/he/she enrolls through the Dual Enrollment program will be on my/his/her permanent high school and permanent college academic records.
- I understand that the grades I/my child earns on college courses through the Dual Enrollment program will be used by other programs, including TOPS, to determine my/his/her continuing eligibility for those programs.
- I hereby authorize LSUA access to my/my child’s high school records (transcript and ACT Scores).
- I acknowledge that it is my/my child’s responsibility to **OFFICIALLY WITHDRAW** or **DROP** a class if/he/she decides not to complete by LSUA’s official withdrawal date of each semester. (See academic calendar)
- I do hereby authorize LSUA to release my/my child’s college grades to my high school upon completion of the course(s) enrolled.
- I understand that once my child/dependent enrolls at LSUA, the Family Educational Rights and Privacy Act of 1974 (FERPA), protects the privacy of student educational records. This means LSUA will not release academic information such as grades, transcripts, or academic standing to any parent without the consent of the student.
- I understand that charges for each course will apply UNLESS the course is dropped by the refund date each semester (see academic calendar).
- I understand that I am responsible for payment of any courses indicated “FAMILY” on the registration form. I have initialed next to that payment.
- I understand that a **\$75 late fee** will apply to any balance still owed at the time that late fees are added in the semester (see academic calendar).
- I understand that transcripts will not be released (except to high schools) if there is an outstanding balance on the student account.
- I understand that if my child’s college GPA falls below a **2.0 cumulative GPA**, he/she will not be able to enroll in the next available semester.

Parent/Custodian Signature

Date

Student Signature

Date