

Dual Enrollment Consent Form

Student Name: _____
Last First Middle

Student Email: _____ Phone: _____ Date of Birth: _____

High School Name: _____ High School Grad Year: _____

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Phone: _____

Student/Parent Consent:

For the student: I wish to participate in MTSU's Dual Enrollment program. I understand that I am responsible for any fees that result from my participation. I understand that my transcript will not be released if I owe an outstanding balance to the University. I understand that my Academic Standing (Good Standing, Probation, Suspension, etc.) will be based on the grades I have earned in my college coursework. I understand that it is my responsibility to provide transcripts from any other colleges or universities I attend or have attended. **I agree that I have read and agree to the Dual Enrollment Grant (DEG) Rules and Procedures. I agree that I have read and agree to the rules of the Dual Enrollment First Four Scholarship.** I understand that the DEG Application must be completed **each academic year** in order to be eligible for Grant funds. I authorize the Dual Enrollment Office to register me for any classes I have elected to take at my high school.

For the parent: I am allowing my son/daughter to participate in MTSU's Dual Enrollment program. I understand that I am responsible for any fees that result from his/her participation in dual enrollment courses. I agree that I have read and understand the Dual Enrollment Grant (DEG) Rules and Procedures. I understand that the DEG Application must be completed **each academic year** in order to be eligible for Grant funds. I authorize the Dual Enrollment Office to register my student for any classes that he/she has elected to take at his/her high school.

Student Signature

Parent/Guardian Signature

Date

High School Consent:

(required for students taking courses on-campus or online)

I grant my permission for the above named student to participate in Dual Enrollment classes at MTSU. I understand the admission requirements for participation in Dual Enrollment. I recommend the above named student on the basis of academic readiness and maturity. I will communicate any changes to the student's enrollment status/schedule of which I become aware in a timely manner.

Counselor/Administrator Name

Counselor/Administrator Signature

Date