

Dual Enrollment Consent Form

(complete and return to high school counselor or DE office)

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 understand that I am responsible for any costs that are incurred from my participation in Dual Enrollment. 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 authorize the Dual Enrollment Office to register me for any classes I have elected to take at my high school. I understand that there are potential financial and academic ramifications to adding/dropping courses after the start of the MTSU semester, and that I should consult the DE office for guidance on schedule changes. I understand that my records and rights at the University are protected under FERPA; however, the University and high school are allowed to exchange information concerning my records, including academic transcripts. Once those records are received by the high school, parents are able to inspect and review those records sent by the University through the high school under their FERPA rights if I am under 18.

For the parent: I am allowing my son/daughter to participate in MTSU's Dual Enrollment program. I understand that dual enrollment courses are conducted at a university level with regard to academic rigor, content, and student expectations. 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 authorize the Dual Enrollment Office to register my student for any classes that he/she has elected to take at his/her high school. I understand that when a student attends a postsecondary institution - at any age - their rights under FERPA are transferred to them. However, in a situation where a student is enrolled in both a high school and a postsecondary institution, the two schools may exchange information on that student, including academic transcripts. If the student is under 18, the parents still retain the rights under FERPA at the high school and may inspect and review any records sent by the University to the 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