

## **Dual Enrollment Program - <u>ACKNOWLEDGEMENT/AUTHORIZATION FORM</u>**

	STU ID# Unweighted High School GPA:														
Name: First Name										 Iiddle	e Initia	al			Last Name
Dual Enrollment High School:															
Email A	Email Address:    Phone Number: ()														
TERM	COURSE CODE				COURSE NUMBER					SECTION				CREDITS	COURSE TITLE
Ex: 25/DF	A S T		,	1 0 0			2		3	3 0 2			3	Introduction to Astronomy	
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the program requirements, including maintaining a 3.0 unweighted GPA or higher, fulfilling college-level expectations, and pursuing a post-secondary degree after high school. I also understand that the college will issue an official transcript of my grades. I understand that I will be enrolling in a college-level class that will require rigorous academic work, and I will be graded on a college-level grading standard. I understand that all college coursework and grades become a permanent part of my official college academic history and transcript. Once the semester is over and grades are submitted, no changes can be made to the rosters. I understand I will need written permission from the High School Liaison to withdraw from a Dual Enrollment course. I can only withdraw from a course on or before the deadline set each term.															
STUDI	ENT	signa	ture:										—		Date:/
PARENT/GUARDIAN ACKNOWLEDGEMENT  _I give my child permission to participate in Dual Enrollment courses, listed above, from Saint Thomas University, offered at my child's high school.  _I understand that my child's St. Thomas University account will not be charged for registration, tuition, or fees for dual enrollment courses.  _I understand that while these courses are appropriate for college-level study, course materials and class discussions may reflect topics not typically included in high school secondary courses, which some parents may consider advanced for minors. Courses will not be modified to accommodate variations in student age and/or maturity.  _By signing this form, I understand that the student referenced below will enroll in a college-level class that will require rigorous academic work and acknowledge that the course(s) require responsibility and maturity equal to that of a college student.  PARENT/GUARDIAN name (please print):															
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I certify that this student meets the criteria to take Dual Enrollment courses, and that he/she is a high school student and has a 3.0 or better unweighted grade point average on a 4.0 scale.															

High School Liaison Signature: