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Unweighted High School GPA: _____

Name: _____
First Name
Middle Initial
Last Name

Dual Enrollment High School: _____

Email Address: _____ Phone Number: (_____) _____ - _____

TERM	COURSE CODE			COURSE NUMBER				SECTION			CREDITS	COURSE TITLE
	E	N	C	1	1	0	1	4	0	2		
Ex: 20/DF				1	1	0	1	4	0	2	3	Composition
TOTAL CREDITS												

STUDENT ACKNOWLEDGEMENT

It is my responsibility to register online each semester to receive college credits for classes. I will register by the deadline set each term.

I understand 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.

I understand I will need written permission from the High School Liaison in order to withdraw from a Dual Enrollment course. I can only withdraw from a course on or before the deadline set each term. I understand I will still be responsible for the tuition fee of the course, as well as, the withdrawal fee.

STUDENT signature: _____ **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 be assessed tuition on a per credit basis (\$60/credit) at the dual credit rate and fees (Ex: 3 credit course = \$180), and that tuition and fees must be paid by the deadline set forth each semester, or a late fee may be charged.

PARENT/GUARDIAN name (please print): _____

PARENT/GUARDIAN signature: _____ **Date:** ____/____/____

I certify that this student meets the criteria to take Dual Enrollment courses, and that he/she is a junior or senior and has a 3.0 or better unweighted grade point average on a 4.0 scale.

High School Liaison Signature: _____