



**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
HIGH SCHOOL STUDENT ENROLLMENT FORM PLEASE USE ONLY BLUE OR BLACK INK**

This certifies that _____, DCCCD ID _____,

is or will be enrolled as a student at **Bishop Lynch High School** and has permission to concurrently enroll with College of the DCCCD.

Put a check by your College Course and the appropriate semester. **If your course is not listed below write in your course(s). College Course Name(s)		FALL 2015	SPR 2016	SUM I 2016	SUM II 2016	Dual Credit	Concurrent Enrollment
<input type="checkbox"/> Art 1301							
<input type="checkbox"/> Span 1311	<input type="checkbox"/> Span 1312						
<input type="checkbox"/> Span 2311	<input type="checkbox"/> Span 2312						

I understand I will be enrolling in a college credit course(s) at one of the DCCCD Colleges and will be receiving a letter grade that will be recorded on my permanent college transcript. A numerical grade will appear on the high school transcript for dual credit courses; conversion of grades is the responsibility of the respective high school. It is the student's responsibility to verify the transferability of courses with the institution of choice.

Eligibility for continued participation in this program requires satisfactory academic performance at the high school; earned grades of A, B or C in all college courses; and parental and school approval for each subsequent semester of enrollment. A student who earns grades of D or F may not be eligible for future dual credit courses or may have restrictions.

I understand that if I wish to withdraw from my college course(s), it is my responsibility to first discuss this matter with my high school counselor. Also, it is my responsibility to submit the required withdrawal form to the College Dual Credit/Concurrent Enrollment Coordinator or College Registrar by the published deadline.

A non-immigrant visa student is responsible for maintaining his/her own visa status. I understand it is my responsibility to verify my status and my ability to take college courses through dual credit enrollment.

I understand that I **MUST** be enrolled as a full-time student at my high school, and **I cannot enroll in more than two college courses per semester, district-wide, without special permission.** Only one dual credit waiver per approved course is allowed. However, student is responsible for tuition of a repeated course and for online dual credit courses offered outside Dallas County.

I understand that **ACADEMIC FREEDOM** is practiced at all DCCCD Colleges. Academic Freedom allows faculty and students to pursue whatever inquiry they feel is important and to speak about it in the classroom without fear of censorship. I understand that within a college environment, students may encounter adult language and images, different philosophical viewpoints and belief systems. I understand that appropriate and essential discipline-specific terminology, concepts and principles are utilized as needed in the classroom setting. All high school students are held accountable to policies, rules, and regulations of the Dallas County Community College District. For more information see www.dcccd.edu.

I authorize DCCCD to release my transcript to the above named high school related to my college enrollment.

Student Signature	Date	Parent/Guardian Signature	Date
<i>Chris L. Hublein</i>		<i>Dual Credit Coordinator</i>	<i>3-1-15</i>
Signature of School Official		Title	Date

Signature of College Official	Date
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Approval signatures are required below for student to take more than two college courses per semester, district-wide.		
	<i>Erudyn Krull</i>	<i>3-1-15</i>
College Chief Academic Officer or Authorized Designee	High School Principal	Date