

COLLEGE USE ONLY	
Funding Source:	

Student: please carefully read and complete all portions of the box below, sign the document, and o bta in a g ua rdian's sig na

STUDENT INF	TORMATION		College Use Only			
Last Name:		Social Securi	ty Number:			
First Name:		Date of Birth	Date of Birth:			
MI: Email Address (<u>required</u>):						
Address:	Address: City:		State:	Zip Code:		
Telephone Number: High Schoo			Grade:			
Gender:	U.S. Citizen?					
Ethnicity (Voluntary, check one): American Indian or Alaskan Native Asian Black, Non-Hispanic Native Hawaiian or						
Other Pacific Islander White, Non-Hispanic Hispanic						
COURSE INFORMATION: TO BE COMPLETED BY HIGH SCHOOL REPRESENTATIVE						
SEMESTER:						
Registered By	CRN (College	□ Fall 20 Course	□ Spring 20 Course Name	Where is class taught?		
(College Use Only)	Use Only)	(Ex: ENGL 1010)	(Ex: English Com	p I) (check one)		
				☐ High School ☐ Hybrid ☐ Nunez Campus		
				☐ High School ☐ Hybrid☐ Nunez Campus		
I certify that all information provided in this application is correct. I understand that my child is enrolling as a Visiting/Guest Student at the college/university. Upon graduation from high school, if my child desires to enroll at a college or university, he/she will apply for admission as a regular student and must meet the college/university admission requirements. I understand that the college courses and high school and college grades earned in those courses in which he/she enrolls through the Dual Enrollment Program will be on his/her permanent high school and college academic records. I understand that the grades my child earns on college courses in which he/she enrolls through the Dual Enrollment Program will be used by other programs, including TOPS, to determine his/her continuing eligibility for those programs. I do hereby authorize the Board of Regents and the Office of Student Financial Assistance access to my child's high school and college academic records. I acknowledge that: (1) my child is enrolling in the course listed in the Course Information Section of this form; (2) it is my child's responsibility to OFFICIALLY WITHDRAW or DROP a class he/she decides not to complete by the college/university published deadline; and (3) if he/she withdraws from the college course or earns a college grade other than A, B, C, or P in the course, he/she may not be eligible for Dual Enrollment discount funding in the subsequent semester. Withdrawal Procedure When considering withdrawal from the college, students should consult with the High School Counselor. Please check www.nunez.edu to learn about deadline dates for dropping courses. A Withdrawal Form must be submitted by the High School Counselor. It must be signed/approved by the professor/instructor, Dual Enrollment Coordinator, and High School Counselor.						
By signing, I verify that I have read and understand the program guidelines and withdrawal procedure listed above.						
Student Signature			ite			
Parent/Guardian S	ignature	Dat	te			
**By signing, I verify that the above student meets enrollment requirements and have attached qualifying scores (ACT/PLAN)*						
School Designee Si	gnature	D:	ate			
Nunez Representat	ive Signature	D	ate			