

High School Counselor/Representative Signature

Dual Credit Partnering Student Registration Permission Form

Academic Year 20 to 20		
	CIMID#	DOB:/
Name of Student:	CWID#	DOB:/
Current School:	Current Grade Level:	HS Graduation Date (MM/YYYY):/
with Collin College policies, procedures, it posted payment deadlines as designated grades, and test scores will be provided by I understand that I will be enrolled in college. I will receive a letter grade for these con my high school transcript for approved school. It is my responsibility to verify the I understand that eligibility for participa (TSIA) or testing exemptions. Students matched that I am not eligible for I understand that I am not eligible for I for these courses, I understand that they I fully understand and acknowledge that is matter with my high school counselor from my course(s). I understand that if enrolled in dual/co	the Dual Credit Program, I am a college student rules, regulations, and guidelines as well as the by my high school campus. I also understance by Collin College to my corresponding high schoolege credit course(s) offered on my high schoolege credit courses; offered on my permanent defined that will be recorded on my permanent defined that courses; conversion of these grace transferability of courses with higher education attention in this program requires college level reading earn testing exemptions through qualifying a school permission to provide my TSIA scores be found online on the Collin College TSIA FAKINE (Kinesiology) or developmental education will be dropped from my schedule. The wish to drop or withdraw from a college result of I wish to drop or withdraw from a college result of the collin course of the course of the course of the collin course of the course o	hool campus or one of the Collin College campus- it college transcript. A numerical grade will appear des is the responsibility of the respective high on institutions of choice. adiness met through the Texas Success Initiative g SAT or ACT scores. In the event I have taken the es to Collin College to be added to my account.
Student Signature		Date
To be Completed by	y Parent or Legal Guardian (if student is	under the age of 18 years old)
ne/she must abide by the rules and regremaining on his/her account not covered esponsibility Agreement. For consider provide information regarding participate understand the student may be expose the esponsion of the student may be exposed the student may be expos	ulations of Collin College. I understand the ed by any applicable waivers and is subject ration of a tuition waiver at Collin College, if ion in the National Free & Reduced Lunch Feed to adult material in the classroom and open that once the student is registered in a confect (FERPA), and I may not have access to	applicable, I approve my student's high school to
My signature below	acknowledges that I have read and unde	erstand the policies above.
Parent / Legal Guardian Signature		Date
To be	e Completed by Authorized High School	Representative
I hereby approve the above student to Collin College's admissions requireme		Collin College pending their compliance with

Date