



Dual Credit / Exceptional Admission Course Approval Form

Check the Appropriate Program(s) | _____ Dual Credit (90) | _____ College Credit Only (Ex Adm) (92) | _____ College Prep

Please Type or Print	Name of Student: _____ LSCS ID# or SSN _____
	Current School: _____ Current Grade Level: _____
	(I understand that if I am admitted under this program, I will abide by the rules and regulations of LSCS. I also understand that academic information such as test scores and college transcripts will be provided by LSCS upon request by my corresponding high school.)
(_____) (Student Signature)	(Area Code) (Daytime Phone Number)

To be completed by parent or guardian

I agree to these provisions of admission and enrollment hereby listed for consideration of my son's/daughter's acceptance and understand he/she must abide by the rules and regulations of LSCS. **I understand my student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs.**

I understand once my son/daughter is registered in a college course they are under the rules of the Family Educational Rights and Privacy Act, and I may not have access to my student's record unless the student gives written permission or shows proof that I claimed my son/daughter as a dependent on my most recent income tax return.

I understand that students who receive a D or F in a dual credit course are not permitted to continue in the dual credit program.

(Parent Signature) _____ (Date) _____

YES My child is under 16 years of age.

I signed above that I will assure that I (or another responsible adult) will be available on the college campus (but not in the student's classroom) to monitor his/her activities outside of class, in the library, and in open labs in case of emergency.

To be completed by high school principal or designee:

	Registration #	College Course #	Section #	High School Course
Year: 20 _____				
Term: <input type="checkbox"/> Fall				
<input type="checkbox"/> Spring				
<input type="checkbox"/> Summer				

YES I certify that the college-level courses listed above will be accepted toward high school graduation requirements for this student.

YES I certify that the college-level courses listed above are approved for college-only credit for this student.

(Signature of High School Principal or Designee) _____ (Date) _____

Approval to enroll in more than two (2) college-level courses

Additional courses approved by:

(Signature of College Academic Officer or Designee) _____ (Date) _____

TSI & Placement Information*

TEST ACCUPLACER <input type="checkbox"/> ACT <input type="checkbox"/> CAPE (S/G/F) <input type="checkbox"/> COMPASS <input type="checkbox"/> SAT <input type="checkbox"/> TAKS EXIT <input type="checkbox"/> TAKS 10th <input type="checkbox"/> THEA/TASP <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Scores</th> <th style="text-align: center;">Date Taken</th> </tr> <tr> <td>Writing _____</td> <td>_____</td> </tr> <tr> <td>Essay _____</td> <td>_____</td> </tr> <tr> <td>Reading _____</td> <td>_____</td> </tr> <tr> <td>Math _____</td> <td>_____</td> </tr> <tr> <td>Composite _____</td> <td>_____</td> </tr> </table>	Scores	Date Taken	Writing _____	_____	Essay _____	_____	Reading _____	_____	Math _____	_____	Composite _____	_____	<p>*The high school counselor/designee should attach a copy of the scores for first-time Dual Credit/Exc Adm students.</p> <p><input type="checkbox"/> I certify that this student has met all of the Dual Credit/Exceptional requirements.</p> <p>_____ (Signature of College Dual Credit Coordinator or Advisor)</p> <p>(Date) _____</p>
Scores	Date Taken													
Writing _____	_____													
Essay _____	_____													
Reading _____	_____													
Math _____	_____													
Composite _____	_____													

For Office Use Only

Total Hrs. Enrolled: _____ Hrs. Eligible for Waiver: _____
 Total Tuition & Fees: _____
 Initial: _____ Date: _____

For Office Use Only

Code: _____
 Total Tuition Waived: _____
 Initial: _____ Date: _____