

Year: 20 _____
 Term: Fall
 Spring
 Summer



Dual Credit / Exceptional Admission Course Approval Form

Check the Appropriate Program(s) | _____ Dual Credit | _____ College Credit Only | _____ College Prep

Please Type or Print	Name of Student: _____ LSC ID# _____ DOB: _____
	Current School: _____ Current Grade Level: _____
	I understand that if I am admitted under this program, I will abide by the rules and regulations of LSC, including official registration and withdrawal procedures. I also understand that academic information such as test scores and college transcripts will be provided by LSC upon request to my corresponding high school.
	<div style="display: flex; justify-content: space-between;"> _____ (_____) </div> <div style="display: flex; justify-content: space-between;"> Student Signature Daytime Phone Number </div>

To be completed by parent or guardian

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

I understand that once the student is registered in a college course he/she is under the rules of the Family Educational Rights and Privacy Act (FERPA), and I may not have access to my student's records without his/her written permission or proof that I claimed the student 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.

My child is under 16 years of age.

Parent / Guardian Signature

Date

For students under the age of 16, my signature above acknowledges 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

Class#	Subject	Catalog #	Section#	High School Course	Dual Credit	College Credit Only
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Official Test scores are required for Dual Credit registration at Lone Star College and have been attached to this form.

High School Principal or Designee Signature

Date

Approval to enroll in more than two college-level courses

Additional courses approved by:

LSC Vice President of Instruction or Designee Signature

Date

For Office Use Only

Total Hrs. Enrolled: _____ Hrs. Eligible for Waiver: _____
 Initial: _____ Date: _____