



Year: 20 _____
 Term: Fall
 Spring
 Summer

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# _____
	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 _____	(_____) Daytime Phone Number

To be completed by parent or guardian

I agree to these provisions of admission and enrollment hereby listed for consideration of the student's acceptance and understand he/she must abide by the rules and regulations of LSCS. **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.

Parent / Guardian _____

Date _____

My child is under 16 years of age.

By my signature above I acknowledge 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	College Course #	Section #	High School Course

- I certify that the college-level courses listed above will be accepted toward high school graduation requirements for this student.
- I certify that the college-level courses listed above are approved for college-only credit for this student.
- Attach test scores other than COMPASS or ACCUPLACER.

Signature of High School Principal or Designee _____

Date _____

Approval to enroll in more than two college-level courses

Additional courses approved by:

Signature of College Academic Officer or Designee _____

Date _____

TSI & Placement Information*

TEST	Score	Date Taken	
Test _____	Writing	_____	Online Course 3rd Party Designee / Mentor (Required if taking an online course) Name _____ Email address _____ Phone # _____ Course Name _____
Test _____	Essay	_____	
Test _____	Reading	_____	
Test _____	Math	_____	
Test _____	Composite	_____	

For Office Use Only

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