Dual Enrollment □ Early Start □

Student’s Full Name _____________________________ Email _____________________________
High School __________________________________ Grade Level ____________________________

_________________________________________________________________
has an overall B average, the appropriate ACT/SAT score and has met all other enrollment criteria for the Dual Enrollment program and is hereby granted permission to enroll in the courses listed below.

Principal Signature ____________________________ Counselor Signature ____________________________
Parent or Guardian Signature ____________________________

Printed Name ____________________________ Printed Name ____________________________
Printed Name ____________________________

Approved Courses Course CRN Number Term
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

An approval form must be submitted for each term of enrollment. The form should reflect courses approved by your high school for enrollment. Dual Enrollment students may not enroll for developmental or physical education courses.

RELEASE OF ACADEMIC RECORD

I authorize UAHuntsville to release my academic record each term to my high school. This release is counter signed by my parent or legal guardian, if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the Records office to discontinue the release or until I earn my high school diploma.

__________________________________________
Date Student Signature

__________________________________________
Date Parent/Guardian Signature