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. The tuition and fees for each course must be paid by the first day of class each semester.

RELEASE OF ACADEMIC RECORD

I authorize UAH 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 or Guardian Signature

FOR OFFICE USE ONLY

Received Date ____________________________ Classes Registered Y N

Application ____________________________ Test Scores ____________________________ Transcript ____________________________