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 __________________________

Example: MA 201-04

91108

Fall 2020

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 __________________________