

**Brookhaven Cedar Valley Eastfield El Centro Mountain View North Lake Richland
Colleges of the Dallas County Community College District**

HIGH SCHOOL STUDENT ENROLLMENT FORM

PLEASE USE ONLY BLUE OR BLACK INK



This certifies that _____, DCCCD ID _____,
is or will be enrolled as a student at _____ High School and has permission
to concurrently enroll with Brookhaven, Cedar Valley, Eastfield, El Centro, Mountain View, North Lake, and/or
 Richland for the purpose of taking dual credit or concurrent courses.

List your College Course Names and complete the checklist for each course to be taken, pending approval , in the appropriate semester. <i>College Course Name(s)</i>	Fall 2019	Spring 2020	5 Week SS I 2019	5 Week SS II 2019	Dual Credit (College & HS Credit)	Concurrent (College Credit Only)
1.						
2.						
3.						
4.						
5.						
6.						

I understand I will be enrolling in a college credit course(s) at one or more of the colleges and will be receiving a letter grade that will be recorded on my permanent college transcript. A numerical grade will appear on the high school transcript for dual credit courses; conversion of grades is the responsibility of the respective high school. It is the student's responsibility to verify the transferability of courses with the institution of choice.

Eligibility for continued participation in this program requires satisfactory academic performance at the high school; earned grades of A, B or C in all college courses; and parental and school approval for each subsequent semester of enrollment. A student who earns grades of D or F may not be eligible for future dual credit courses or may have restrictions. Also, students are not eligible for state or federal financial aid while enrolled in high school. However, because they are recorded on the college transcript, grades earned for dual credit/concurrent courses can impact a student's future financial aid.

I understand that if I wish to withdraw from my college course(s), it is my responsibility to first discuss this matter with my high school counselor. Also, it is my responsibility to submit the required withdrawal form to the College Dual Credit/Concurrent Enrollment Coordinator or College Registrar by the published deadline.

A non-immigrant visa student is responsible for maintaining his/her own visa status. I understand it is my responsibility to verify my status and my ability to take college courses through dual credit enrollment.

I understand that **I MUST** be enrolled as a full-time student at my high school.

I understand that **ACADEMIC FREEDOM** is practiced at all of the colleges of the Dallas County Community College District. Academic Freedom allows faculty and students to pursue whatever inquiry they feel is important and to speak about it in the classroom without fear of censorship. I understand that within a college environment, students may encounter adult language and images, different philosophical viewpoints and belief systems. I understand that appropriate and essential discipline-specific terminology, concepts and principles are utilized as needed in the classroom setting. All high school students are held accountable to policies, rules, and regulations of the colleges of the Dallas County Community College District. For more information see www.dcccd.edu

I authorize the college to release my transcript to the above named high school related to my college enrollment.

Student Signature

Date

Parent/Guardian Signature

Date

Signature of High School Official

Title

Date

Signature of College Official

Date