



# DUAL CREDIT COURSE REQUEST

Student Name: \_\_\_\_\_

Student FBISD ID: \_\_\_\_\_ Student HCC ID: \_\_\_\_\_

Student Graduation Year: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Student Personal Email: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

I am requesting enrollment in the following Dual Credit Course(s):

	<b>Semester/Term</b> Ex: Fall 2025	<b>HCC Course</b> Ex. ENGL 1301	<b>High School Course</b> Ex: English IV DC	<b>Location</b> Ex: ACHS or HCC	<b>I have requested this course in SchooLinks*</b>	
<b>1</b>					Yes	No
<b>2</b>					Yes	No
<b>3</b>					Yes	No
<b>4</b>					Yes	No
<b>5</b>					Yes	No

\*All Fall or Spring courses must be requested in SchooLinks prior to completing this form. Summer classes do not need to be added to SchooLinks but do require approval.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

For Office Use Only

DC Coordinator Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Dual Credit students are **REQUIRED** to cover the cost of the required textbook for each course taken.  
- Out-of-district fees are assessed based on a student's home address. Students may be required to pay the fee or the school district may assume responsibility.



# Houston Community College

## DUAL CREDIT WAIVER APPROVAL FORM

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
HCC Student ID

\_\_\_\_\_  
Name of High School / District

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
HS Graduation Year (YYYY)

*This form is valid for the duration of the student's participation in the Dual Credit/ECHS/PTECH/Homeschool High School Program. Student enrollment is contingent on the high schools' approval and roster submission.*

Beginning Semester		Ending Semester		Academic Program		Academic Degree	
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*The Academic Program is subject to change based on course availability, student academic progression and interest. If a student decides to change their Academic Program, they must submit a new Dual Credit Waiver Approval Form.*

*The P-16 office should be notified immediately by the counselor/liaison if the student wishes to withdraw from the dual credit program as the form will no longer be valid. Students transferring to a new school must complete a new form.*

*Please refer to the [Houston Community Catalog](#) for the most recent information about course, program and degree requirements for all students. The catalog will provide guidance and background to all students enrolled at HCC, prospective students, and alumni to quickly locate and save details about our undergraduate courses and programs [credit bearing courses only].*

### **Students and Parents please read the statements below:**

- I acknowledge that the student is responsible for paying all costs (tuition, fees, textbooks, supplies, or instructional software) associated with taking dual credit course(s) unless otherwise stated by high school/district.
- I understand that the student must have written permission from the high school counselor before he/she can withdraw from a dual credit course.
- I understand that Academic Freedom allows faculty and students to pursue relevant course content that may be adult in nature.
- I understand that once the student is registered in a college course, he/she controls access to his or her educational records under the Family Educational Rights and Privacy Act (FERPA) and—unless an exception applies—I may not have access to my student's records without his/her written permission.
- I understand that a college level standard of conduct is required. It is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of HCC, and standards set forth in the course syllabus.
- An HCC Dual Credit advisor will be assigned to guide me through my college career.
- I acknowledge that I have read the [Student Commitment Statement](#) and understand that I can only succeed through hard work and will take the initiative in my education.
- I understand that Out-Of-district fees are assessed based on a student's home address. Students may be required to pay the fee, or the school district may assume responsibility.
- I commit to take part of the HCC Commit to Complete Initiative and achieve the necessary steps to support my academic journey as a Dual Credit student.

**My signatures below acknowledges that I have read and understand the statements above. I grant my child permission to enroll in the Dual Credit Program at Houston Community College during the duration of their high school career.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
High School Official Signature

\_\_\_\_\_  
Date:



## Authorization to Release Information FERPA Release Form

First Name	Last Name	Student ID:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) provides certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete this form to allow the release of their education records to specified third parties. Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA.

**Instructions for completing this form:**

1. The form must be fully completed and signed by the student in person at the Campus Enrollment Services Office with proper identification. Records cannot be released if any Section of this form is not filled out entirely.
2. Persons who receive access to student records must provide appropriate identification in person and provide the password associated with this release of records. Privacy regulations prohibit the release of certain information on the telephone.
3. If the student is unable to sign the FERPA Release form in person, the student will need to submit a FERPA Notary Form along with the FERPA Release Form and a copy of a valid ID.
4. To revoke a prior approval, complete and sign the Revocation sections at the bottom of this page.

**SECTION A: Education records be released (check all that apply):**

- All Records List Below
- Academic/Transcript Information (transcripts, admission & registration information, grades/GPA, academic progress, enrollment status)
- Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Student Account Information (tuition & fees charges, credits, payments, past due amounts, collection activity)
- Instructor/Classroom Records (attendance, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the file grade. FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student).
- Veteran Information (VA Educational Benefits)
- Other (Please Specify) \_\_\_\_\_

**SECTION B: Person to whom access to education records may be provided:**

\_\_\_\_\_  
Name of person to whom your records may be released (Note: use an additional form for each person granted release)

Password for access to records (must not include any part of SSN or DOB) \_\_\_\_\_

\_\_\_\_\_  
Relationship to Student

**SECTION C: Duration of release (check one):**

- Term-based: This authorization is active only for the current academic term: \_\_\_\_\_
- Open-ended: This authorization is active until revoked in writing and in-person.

**Authorization and Signature (required for all submitted forms):**

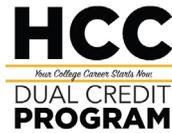
I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect for the duration of the release or revoked by me via this form and will be applicable to all offices of Houston Community College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Revocation (complete only if removing access):**

- I choose to revoke a previously granted Consent to Access of Student Records for the individual listed in Section B effective the date signed here. Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Commitment Statement

I will make a commitment to my academic success and myself:

- To **attend** class:
  - I understand the importance of attending classes regularly, to be on time and stay until the end of class. This includes all modes of instruction; online, face-to-face and hybrid.
  - I understand that I must follow the academic calendar specified by the college. This includes the start and end dates of the semester, holidays and exam dates.
- To **participate**:
  - I commit to actively participate in class as this is very important to my learning experience and to my classmates.
  - I understand that I must respect others and avoid cellphone use or other disruptive behaviors.
  - I will actively use my HCC email and Canvas account regularly to communicate with college personnel.
- To **prepare** for class and **study**:
  - I will ensure that I read the course syllabus, I am prepared with all study materials and study independently to get ready for each class as required for the class.
  - I will complete all assignments on time, demonstrate organization, time management, a strong work ethic and a willingness to learn.
  - I also understand that my classes may require several hours of independent studying per week.
- To be **successful**:
  - I will go to the instructor with any questions or concerns about the class to ensure my success in class and to follow college policy.
  - I will use other campus resources, such as tutoring, Library and Center for Learning Resources ( <https://www.hccs.edu/support-services>) to support my studies.
  - I understand that plagiarism and cheating are unethical and will submit work that is properly documented and solely mine. I will follow Student Code of Conduct guidelines.
- To be **positive**:
  - I understand that I will be in a college environment where the class rigor may challenge me; I will remain positive and understand that this is a necessary part of learning.
  - I commit to strive to embrace difficulty with optimism.

I understand that I can only succeed through hard work and will take the initiative in my education. Because I want to succeed in this program, I will apply the above commitment as the support to my success. I understand that the ultimate responsibility for succeeding is in my control. I 100% commit.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

HCC ID \_\_\_\_\_ Date \_\_\_\_\_



## Bacterial Meningitis Vaccination Verification Form

_____	_____	_____
Last Name	First Name	HCC Student ID Number
_____	_____	_____
Date of Birth	Daytime phone #	Email address

- \_\_\_\_\_ I am submitting meningitis immunization documentation as required
- \_\_\_\_\_ I am submitting Medical Exemption affidavit or certificate (Signed statement by physician stating that the vaccine poses a significant risk to your health. Unless statement indicates permanent condition, the exemption statement is valid for only one year from the date signed by the physician)
- \_\_\_\_\_ I am submitting an [Affidavit for Exemption from Immunization for Bacterial Meningitis for Reasons of Conscience.](#)

### VERIFICATION FORM & DOCUMENTATION MAY BE SUBMITTED:

- AT ANY CAMPUS
- BY EMAIL: Scan your documentation and attach it to an email sent to [vaccine@hccs.edu](mailto:vaccine@hccs.edu)
- BY FAX: 713/718-2882
- BY U.S. MAIL:

Houston Community College  
Admissions & Records,  
P.O. Box 667517  
Houston, Texas 77266-7517

I have read and understand the Bacterial Meningitis immunization requirement. I certify that the information I have provided is true and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date