

Parent/Guardian Signature

High School Official Signature

Houston Community College

DUAL CREDIT WAIVER APPROVAL FORM

Last Name		First Na	ame	HCC Student ID
Name of High School / District		ect	Current Grade	HS Graduation Year (YYYY)
-		-	rticipation in the Dual Cred ' approval and roster subm	it/ECHS/PTECH/Homeschool High School Program. ission.
Beginning Semester	End Sem	ling ester	Academic Program	Academic Degree
decides to	change their Academ	ic Program, they mus	t submit a new Dual Credit	
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.				
for all stud alumni to d Students • I a wi • I t	ents. The catalog will quickly locate and sav and Parents please acknowledge that the stu ith taking dual credit cou	I provide guidance and we details about our use read the statemer udent is responsible for urse(s) unless otherwise	nd background to all studen undergraduate courses and nts below: paying all costs (tuition, fees, to e stated by high school/district	a about course, program and degree requirements ts enrolled at HCC, prospective students, and programs [credit bearing courses only]. Exextbooks, supplies, or instructional software) associated ol counselor before he/she can withdraw from a dual
• lu Fa wi • lu	inderstand that once the mily Educational Rights ithout his/her written pe inderstand that a college	e student is registered i and Privacy Act (FERPA ermission. e level standard of cond	n a college course, he/she cont) and—unless an exception app	evant course content that may be adult in nature. Errols access to his or her educational records under the policies—I may not have access to my student's records assibility to comply with the admission policies, student in the course syllabus.
ArI aI uscI c	n HCC Dual Credit advison Icknowledge that I have ke the initiative in my en Inderstand that Out-Of- Theol district may assum	or will be assigned to go read the <u>Student Comm</u> ducation. district fees are assesse e responsibility.	uide me through my college ca nitment Statement and unders d based on a student's home a	
My signa		_		above. I grant my child permission to enroll in the Dual ration of their high school career.
Student S	ignature		Date:	

Date:

Date: