



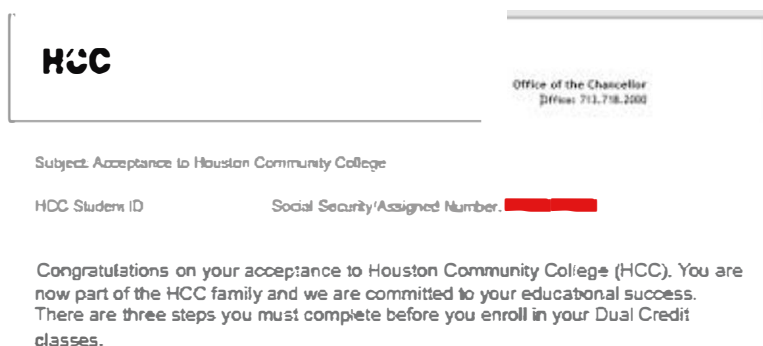
# CHS/HCC Dual Credit Registration Steps

**STEP 1:** Request your dual credit courses in SchoolLinks by February 13, (EL64D1/EL64D2).

❖ If you are taking summer DC classes only you will skip this step.

**STEP 2:** Submit your HCC application through ApplyTexas at **www.applytexas.org**.

- If you have already taken dual credit through HCC previously and have an HCC ID, you do NOT need to apply again and can skip this step.
- You will only submit ONE HCC application even if you are taking courses in multiple terms.
- Within 2-3 days, you will receive an acceptance email from HCC with an HCC student ID number. Your HCC ID starts with a W followed by nine digits. If you do not have a Social Security number, HCC will assign a P number to you.



**STEP 3:** Complete and submit the following required forms to Dr. Brown in the Counseling Office by the deadline below.

- Clements Dual Credit Course Request
- HCC Dual Credit Waiver Approval Form must be filled out online.
- FERPA Release Form
- Student Commitment Statement
- (Read bullet below) Meningitis Vaccination Verification Form
  - This Meningitis Form ONLY needs to be filled out if a student plans to take classes at the HCC Campus such as the Stafford location.
    - If the above applies to you, you must also submit meningitis shot records.

\*\*\*\*\*

## Application and Paperwork due dates:

**For SUMMER: March 2, 2026**

**For FALL/SPRING: March 2, 2026**

Failure to complete all necessary steps above or submitting incomplete forms will result in ineligibility to take DC courses, and student's schedule will be changed to a non-dual credit class.



# **FBISD Approved Dual Credit Courses**

## **Fall 2026 – ENGL 1301/1302**

Course ENGL 1301/1302 is offered on the CHS campus and is only available to Rising Seniors.

## **Summer 2026**

The following HCC courses are approved to take during Summer 2026.

Please ensure you review the grade levels that are eligible to take these courses; “10” means a rising sophomore who is in 9<sup>th</sup> grade in Spring 2026 and will be in 10<sup>th</sup> grade in Fall 2026.

1. Speech – SPCH 1315 (10-12)
2. Humanities – HUMA 1301 (10-12)
3. Sociology – SOCI 1301 (10-12)
4. Psychology – PSYC 2301 (10-12)
5. College Transitions – EDUC 1300 (9-12)
6. Government – GOVT 2305 (12) Can only be taken AFTER the completion of the 11G year
7. Economics – ECON 2301 (12) Can only be taken AFTER the completion of the 11G year

**Please review the catalog for grade level and location requirements!**



# DUAL CREDIT COURSE REQUEST

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

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

Student Grad Year: \_\_\_\_\_ Student Personal Email: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

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

	<b>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: CHS or HCC	I have requested this course in SchooLinks*
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> 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.

# Instructions for HCC's Dual Credit Waiver Form Online

Failure to complete this form will prevent a dual credit student from getting their tuition waived.

Go to this link: <https://formsportal.hccs.edu/Forms/StudentSignature11>

## **Fill out the form as follows:**

1. **Name:** Use your name as it is listed in Skyward, not a nickname.
2. **HCC Student ID:** Enter the "W" number from your HCC acceptance email.
3. **Name of High School/District:** Clements HS - Fort Bend ISD
4. **HS Graduation Year:** Enter the year you will graduate.
5. **Current Grade:** Enter your current grade level.
6. **Student Email:** Enter your PERSONAL email address.
7. **HS Counselor/Dual Credit Liason Email:** Sonji.Brown@fortbendisd.gov
  - a. **Make sure the email is typed exactly as written above before continuing!**
8. **Beginning Semester:** Choose the one in which you will begin dual credit (Summer 2026, Fall 2026 or Spring 2027)
9. **Ending Semester:** Choose the SPRING of the year you will graduate.
10. **Academic Program:** You MUST choose "Undecided".
11. **Academic Degree:** You MUST choose "0-14 Credit Hours (No TSI Needed)".
12. **Checkbox:** Make sure to read the information before checking the box.
13. **Student Signature:** Click "Sign".
14. **Parent Signature:** Click "Sign".

**Once you submit, take a screenshot so you can show to Dr. Brown when you turn in your forms!**

Sign below if you submitted the form AND took a screenshot of the submission page.

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

## Authorization to Release Information FERPA Release Form

1.

First Name	Last Name	HCC 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