



DUAL-CREDIT/CONCURRENT ENROLLMENT AGREEMENT

Important: This form must be completed each semester of dual credit enrollment at UHV and must be on file on or before the last day of registration at UHV.

PART I: To be completed by student

Name of Student: Last First Middle

Optional: Male Female Date of Birth: / /

Email Address: Daytime Phone No: ()

Address of Student: P.O. Box/Street City State Zip

Current High School: Current Grade Level:

Semester and Year of Enrollment: Fall Spring Summer Year:

Major: Intended Transfer University:

- By signing this agreement, I acknowledge my understanding that I am enrolled in a college-level course... I understand that the final grade earned in this course will be entered into my permanent record at UHV. In signing this application, I understand I am responsible for knowing, understanding, and following all policies, rules and regulations at UHV... I understand that a student enrolled at UHV receives federal privacy protection with regards to their educational records.

Student Signature: Date:

Parent/Guardian Signature: Date:

PART II: To be completed by high school principal, counselor or designate as indicated below:

Table with 5 columns: Subject, Number, Title, Dual Credit, UHV Credit Only

Printed Name: Principal, Counselor, or Designate

Signature: Date: