Dual Enrollment Program Approval and Release of Records

Jefferson State
Community College
Dual Enrollment

THIS SECTION TO BE COMPLETED BY THE STUDENT

Name: _____ Date of Birth: _____

               Last   First   Middle

High School Name: _____ Grade Level in Fall 2023: _____

Initial next to each statement to indicate that you have read and understand the information presented. (INITIALS REQUIRED: Form will not be processed with X or ✓.)

- This is a college course. Materials and coursework will be at the college level. _____ **(student initials)**
- If I make a D or F or if I withdraw from a course after the drop/add period
    - I must sit out one academic semester (not to include summer). _____ **(student initials)**
    - I may receive no college credit for the course. _____ **(student initials)**
    - It can affect my ability to receive Federal Financial Aid in the future. _____ **(student initials)**
- The grades earned in college courses will remain on my permanent college transcript. _____ **(student initials)**
- If I have a disability and require accommodations, I must file the appropriate documentation with the ADA Accommodations office before accommodations can be made, even if the class is being offered on my high school campus. _____ **(student initials)**
- It is my responsibility to notify my instructor(s) when I must miss class due to a high school obligation. It is at the instructor's discretion whether to allow students to make up assignments and/or tests missed due to high school obligations. _____ **(student initials)**
- According to the Family Educational Rights and Privacy Act (FERPA), all rights of access to a student's educational records transfer from the parent(s) to the student when the student becomes 18 years of age **OR** is enrolled in an institution of postsecondary education. Jefferson State Community College shall obtain appropriate consent (Student Disclosure Form) from students before disclosing any information from a student's educational record (including information about enrollment status and tuition bill). The Student Disclosure (FERPA Waiver) form can be found at www.jeffersonstate.edu/forms. _____ **(student initials)**

RELEASE OF RECORDS TO THE SECONDARY INSTITUTION (Student must Initial)

As a participant in the Dual Enrollment for Dual Credit program, I understand that it is the responsibility of Jefferson State Community College to release my academic information to my high school and/or secondary educational entity. In signing this form, I authorize the College to release the information noted in this section. _____ **(student initials)**

THIS SECTION TO BE COMPLETED BY A HIGH SCHOOL COUNSELOR OR SCHOOL ADMINISTRATOR

The signature below indicates this student meets the enrollment criteria and is approved by their high school for admittance into the Dual Enrollment for Dual Credit program at Jefferson State Community College. **Approval from secondary school officials indicates that the student has demonstrated both academic readiness and social maturity.**

_____   _____

High School Counselor OR School Administrator   Date

STUDENT SIGNATURE

_____   _____

STUDENT Signature   Date