



Bishop High School



Coastal Bend College Office of Dual Enrollment DUAL ENROLLMENT PERMISSION FORM

Student Name (Last, First, Middle Initial): _____

CBC ID: 00 _____ Date of Birth: ____/____/____ New Student Returning Student

Name of High School: _____ Graduation Month/Yr.: ____/____

Student E-mail Address: _____ Student Phone Number: () ____ - ____

Grade Level: 12th 11th 10th 9th Major: _____

Year: 20____ Term: Fall Spring Summer I Summer II Maymester Wintermester Flex
Enrollment is requested in the following course(s):

CBC Course Title	Section	Days & Time	Will HS credit be awarded?		Preferred Instructor
			YES	NO	
1.			YES	NO	
2.			YES	NO	
3.			YES	NO	
4.			YES	NO	

I hereby certify that I have reviewed the above student's academic records and determined that the student stated is college-ready for the courses requested on this permission form.

High School Counselor/Principal

Name (Printed)

Date

I, the student and parent/guardian undersigned below, understand the following:

Dual Enrollment students are enrolled in college-level courses and that the grades will be placed on their permanent college transcript. The students are held accountable to the policies, rules, and regulations of Coastal Bend College.

Students must meet all CBC admission requirements by the deadlines published on the CBC Academic Calendar. In compliance with state-mandated Laws, the Assessment Policy set forth by the College, the high school requirements, students must meet the eligibility criteria and demonstrate the following academic prerequisites at the time of enrollment on the Dual Enrollment program:

- i. Compliance in a least one relevant area of the TSI Assessment as defined in the CBC Catalog.
- ii. Achievement of the required basic skills prerequisites as defined in the CBC Catalog.
- iii. Achievement of appropriate ISD eligibility criteria and satisfactory completion of high school course(s).

Student Signature

Parent/Guardian Signature

Date

Revised 3/4/2019