DUAL ENROLLMENT COURSE REQUEST FORM

Please type or print in BLUE or BLACK ink, (No Pencil)

For SOWELA Office Use ONLY

Student ID#:_____

Test Scores Entered ☐ Schedule Entered ☐
Attribute Entered ☐ Spreadsheet ☐
Scanned ☐

Date Entered: _____ Entered by:

I. STUDENT INFORMATION AND STUDENT AND PARENT/CUSTODIAN CERTIFICATION: To be completed by the student and parent/custodian.

Last Name	First Name	Middle Name	Social Security Number *(Required)* XXX-XX-	Date of Birth (MM/DD/YYYY)

Email Address:	Home Phone Number:	Cell Phone Number:

- I certify that all information within this application is correct.
- I have read the **Dual Enrollment General Guidelines** and **Step-by-Step Guide to Applying** provided with this application packet.
- If I am approved for participation in the Dual Enrollment Program, I will comply with all student requirements set forth in the SOWELA College Catalog and Student Handbook (Please see GENERAL POLICIES/PROCEDURES section).
- I understand that I am enrolling as a Visiting Student at SOWELA Technical Community College. Upon graduation from high school, if I desire to enroll at SOWELA, I will apply for admission as a regular student and will be required to meet SOWELA's admission requirements.
- I understand that the college courses in which I enroll through Dual Enrollment will be on my permanent high school and college academic records.
- I do hereby authorize the Board of Regents, the Office of Student Financial Assistance, and SOWELA to access my academic records.
- **I understand that the grades I earn in college courses in which I enroll through the Dual Enrollment Program will be used by other programs, including TOPS, to determine my continuing eligibility for those programs.** See TOPS Q&A – Core Curriculum Q-2 and Q-9 located in TOPS section of www.osfa.la.gov.
- I understand that withdrawing from a course or earning a grade of 'W' or 'F' may threaten future financial aid and TOPS eligibility due to lack of adequate academic progress.
- I authorize SOWELA to release grades, enrollment status, and/or official transcripts to my high school and the school board each semester or term that I am enrolled in the Dual Enrollment Program.
- I authorize SOWELA to apply funds from any financial awards and/or scholarships to pay current tuition and fees.
- I acknowledge that I am enrolling (if approved) in the courses listed on this application and understand that **it is my responsibility TO OFFICIALLY WITHDRAW or DROP any classes I decide not to complete, by the published deadline and in accordance with SOWELA policy**. Failure to do so may result in grades of 'F' on official transcripts.

_____ _____ _____
Printed Name of Student **Signature of Student** **Date**

- I certify that all information provided on this application is correct.
- I have read the **Dual Enrollment General Guidelines** and **Step-by-Step Guide to Applying** provided with this application packet.
- If my child is approved for participation in the Dual Enrollment Program, he/she will comply with all student requirements set forth in the SOWELA College Catalog and Student Handbook (Please see GENERAL POLICIES/PROCEDURES section).
- I understand that the college courses and high school and college grades earned in those courses in which my child enrolls through the Dual Enrollment Program will be on my child's permanent high school and college academic record.
- I understand that the grades my child earns in college courses in which he/she enrolls through the Dual Enrollment Program will be used by other programs, including TOPS, to determine his/her continuing eligibility for those programs. See TOPS Q&A – Core Curriculum Q-2 and Q-9 located in TOPS section of www.osfa.la.gov.
- I do hereby authorize the Board of Regents and the Office of Student Financial Assistance access to my child's high school and college academic records.

_____ _____ _____
Printed Name of Parent/Custodian/Guardian **Signature of Parent/Custodian/Guardian** **Date**

II. COURSE ENROLLMENT REQUEST: To be completed by the high school principal or designee ONLY.

High School:_____ **Upcoming Grade Level:** _____ **SASID:**_____

Anticipated High School Graduation Date:_____ **Cumulative GPA:**_____

FALL SEMESTER					SPRING SEMESTER			
SOWELA CRN	SOWELA Course Title	Credit Hours	High School Course Title & Instructor		SOWELA CRN	SOWELA Course Title	Credit Hours	High School Course Title & Instructor

III. HIGH SCHOOL PRINCIPAL, COUNSELOR OR HIGH SCHOOL DESIGNEE SIGNATURE.

I certify that: 1) the student completing this application is in **good disciplinary standing**, is academically on track to graduate with his/her class, **has completed a five-year Education and Career Plan**, **has permission to participate**, has on record **proof of vaccination or immunity against measles, rubella, mumps, tetanus, and diphtheria**, and meets all requirements for participation in SOWELA's Dual Enrollment Program; 2) the information provided for this student by the high school is correct; 3) a copy of the **student's transcript is attached**; and 4) a copy of the **Pre-ACT/ACT/SAT/Next-Generation ACCUPLACER scores (for course registration) or Work Keys scores (for TTES eligibility only)** are attached.

_____ _____ _____
Printed Name of Principal or Designee **Signature of Principal or Designee** **Date**

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Compliance Officer, 3820 Sen. J. Bennett Johnston Ave., Lake Charles, LA 70615, 337-421-6565 or 800-256-0483, complianceofficer@sowela.edu.