

<LEA Letterhead>

District of Columbia Dual Enrollment Program Parent and Student Dual Credit Course Approval Form Template

The District of the Columbia Dual Enrollment Program enables high school students to enroll in approved college courses, at postsecondary institutions, and earn college and/or high school credit. This program allows high school students to experience the academic rigor of college courses and understand what is required for success in college. <LEA Name> is a member of the DC Dual Enrollment Consortium which allows <LEA Name> to offer the DC Dual Enrollment Program at its high school(s) which may be taken for college credit only or dual credit. Dual credit refers to courses where grades and credits earned will be reported on both the student's official college transcript and high school transcript.

This form should be completed by <LEA/School Name> DC Dual Enrollment Program students and their parents to indicate that they understand the potential impact the DC Dual Enrollment Program may have on their grades, grade point average (GPA), and transcript.

After completing this document please submit it to <LEA/School Designated Staff Member>.

This form is due by <LEA Selected Date> and must be signed by the student, parent or legal guardian, <LEA/School Dual Enrollment Coordinator>, and <Principal>.

Instructions for DC Dual Enrollment Program Student

*Please provide the information requested in the **Student Information** section and complete the **Student Acknowledgements** below. If you are younger than 18 years of age or an unemancipated minor, your parent or legal guardian must also read and complete the **Parent or Legal Guardian Acknowledgements** section below.*

Student Information

Student Name: _____
First Name Last Name

Date of Birth: _____ High School Name: _____
Month/Day/Year

College Semester/Year: _____ Today's Date: _____

Name of College Currently Enrolled: _____

Name of Course for Which You Are Seeking Dual Credit: _____

Anticipated Completion Date: _____

Student Acknowledgements

Please initial the statement below and provide your name and signature to indicate that you affirm the statement.

_____ I understand by opting to take the above course for dual credit, the grade earned at the college will also be added to my high school transcript and may impact my high school grade point average.

Student Name (*Please Print*): _____

Student Signature: _____

Parent or Legal Guardian Acknowledgements

If the student listed above is younger than 18 years of age or an un-emancipated minor, the parent or legal guardian must also initial this statement and provide their name and signature to indicate that they affirm the statement.

_____ I understand by my child opting to take the above course for dual credit, the grade earned at the college will also be added to their high school transcript and may impact their high school grade point average.

Parent/Legal Guardian Name (*Please Print*): _____

Parent/Legal Guardian Signature: _____

School Acknowledgements

LEA/School Dual Enrollment Coordinator Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

For Office Use Only

Date Course Added to Student Schedule: _____ Staff Initial: _____

Date College Final Course Grade Added to High School Transcript: _____ Staff Initial: _____