Dual Credit Program- High School - Parent/Guardian Permission Form

The student, parent/guardian and high school signatures are required in order to remain in your classes. The student’s signature is for requesting course(s), parent/guardian signature approves the courses for financial obligations and high school’s signature indicates the student is prepared to enroll in a college-level course. The completed form is required to remain in your classes.

STUDENT INFORMATION

Student’s Legal Name (Print – Last, First, Middle):
________________________________________________________________________________________________

Name and City of High School: ______________________________________________________________________

Course(s)/ requesting and Instructor associated with course:

<table>
<thead>
<tr>
<th>HS Course Name (Ex. AP Biology 1)</th>
<th>BSU Course (Ex. ENG 103)</th>
<th>Term Taking (Ex. Fall/Spr)</th>
<th>Instructor (Ex. Dr. Smith)</th>
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I, the above named student, request permission to take, for college credit, the above courses at Ball State University.

_______________________________________________________   _________________________________
Student Signature           Date

PARENT/LEGAL GUARDIAN

As the parent or legal guardian, I agree to be legally bound and fully responsible without limitation for any costs, fees, expenses, or assessments levied on the student by Ball State University.

__________________________________   ________________________________________________________
Parent/Legal Guardian Signature                Email

_____________________________________________    _____________________________
Phone No.                                     Date

HIGH SCHOOL GUIDANCE OR PRINCIPAL

I approve the above student is academically qualified to register for the requested university course as outlined by the Admission Standards in the Dual Credit Program, High School Administrators and Instructor’s Handbook. The student has been verified to have met the prerequisite for the Ball State University course.

________________________________________________________ _________________________________
High School Principal or Guidance Counselor Signature   Date

_________________________________________________  _________________________________
Title         Email

Please return the form to your advisor. Send to Ball State University, Online and Distance Education, Nancy Day, Letterman Bldg., Rm 131, Muncie, IN 47306. Direct any questions to Nancy Day at nday@bsu.edu or 1-765-285-3592.