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 Last, name, first name middle name: (Print clearly):
____________________________________________________________________________
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 103104)</th>
<th>Term Taking (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 Phone _____________________________
Email __________________________ 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 having met the prerequisite for the Ball State University course.

Free /Reduced Lunch Yes_____ No_____

______________________________ Date
High School Principal or Guidance Counselor Signature ____________________________
Title __________________________ Email __________________________

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