



CID: _____

Regent Scholars On-Site Dual Credit Agreement Form

Student Name: _____ Date of Birth: _____ High School: _____
Last Name, First Name *MO/DA/YR*

Program Eligibility:

The dual credit program is available to high school students subject to the following provisions:

1. The student must have the approval of the school administrator and parent prior to admission.
2. The student must meet all eligibility requirements and application dates set forth by ASU and the high school.

Program Cost:

Angelo State provides a set tuition rate for all dual credit courses. Students are responsible for all or a portion of this rate, depending on the participating high school. Please contact your high school for more information about offers and view our dual credit webpage for information about tuition rates and scholarships: http://www.angelo.edu/dept/dual_credit/cost_scholarships.php.

Student Agreement:

- I agree that I am responsible for reviewing, understanding and abiding by the University's regulations, procedures, requirements and deadlines as described in all University publications.
- Pursuant to my rights under the Family Educational Rights and Privacy Act (FERPA), I consent to have my ASU academic record released to the high school for the purpose of applying the credit(s) and grade(s). My signature below authorizes ASU to release grades, attendance records, and progress updates to the high school counselor/school official each semester. This authorization also allows the participating high school to release high school transcripts and other student information to ASU as needed.
- I understand that I must fill out the online FERPA Proxy Request to allow my parents access to my ASU student records.
- I will contact my high school counselor immediately if I need to withdraw from a course(s). A drop request form must be signed and returned to ASU's Dual Credit Coordinator before withdraw can be processed.
- I understand enrolling in an Angelo State dual credit course will result in an institutional GPA at Angelo State. All coursework obtained through Angelo State will be calculated in the institutional GPA.
- I understand that dual credit students are not eligible for federal Pell grants or direct loans.
- I understand my overall completion rate of college courses does include courses taken as dual credit and the overall completion rate of college coursework will be used to determine my financial aid eligibility in the future.
- I understand that I may receive a 1098-T Tuition Statement. (See <http://www.angelo.edu/services/controller/1098T.php> for more information.) My social security number will be provided to Angelo State University.
- I will maintain satisfactory attendance in my dual credit courses.
- I will notify ASU if my contact information changes (email, mailing address, etc.).
- I understand that I will not be allowed to take ASU dual credit courses via distance learning.
- I understand additional fees may be required for my student's dual credit textbooks. **Textbooks are not provided by ASU.**
- I understand that this agreement remains effective for the duration of my enrollment as a dual credit student at ASU.

Student Signature: _____ Date: _____

Parent/Guardian Agreement:

- I understand that the student must abide by the University rules and regulations.
- I understand Angelo State's payment terms and agree to pay the bill balances by the payment due dates set by Angelo State.
- I understand additional fees may be required for my student's dual credit textbooks. **Textbooks are not provided by ASU.**
- I understand that course grades will be reported to the respective high school for dual enrollment purposes and reporting.
- I understand that the student may receive a 1098-T Tuition Statement (See <http://www.angelo.edu/services/controller/1098T.php> for more information.)
- I understand the affect my student's dual credit coursework may have on admission, academic progress, and financial aid eligibility in the future.
- I understand that this agreement remains effective for the duration of the student's enrollment as a dual credit student at ASU.

Parent/guardian Signature: _____ Date: _____

Parent Printed Name: _____

School District Approval:

The above mentioned student currently meets the dual credit enrollment qualifications outlined by ASU and the high school. The student demonstrates the responsibilities necessary for enrollment into the listed course(s). By signing, I certify this student is approved to enroll in dual credit courses. The school district will verify prerequisite completion before sending course registrations for the student.

High School Counselor Signature: _____ Date: _____