



Statement of Eligibility for Dual Enrollment for Dual Credit Students

Your acceptance to the Dual Enrollment for Dual Credit program at Southern Union State Community College will be official only upon receipt of this form, completed and signed by the counselor of your local school, and a completed Application for Admission for Dual Enrollment for Dual Credit.



This section is to be completed by the student. The student and parent must also sign the Authorization for Release of Records statement below.

Type of Dual Enrollment courses: Academic Technical Health Sciences Program of Study_____

SUSCC Student Number_____

Name_____

Last Name

First Name

Middle Name

Address_____

City/State

Zip

Parent/Legal Guardian Name (please print)_____

Authorization for Release of Records

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to students' educational records transfers from the parent(s) to the student when the students become 18 years of age OR are enrolled in an institution of postsecondary education. In order to comply with the requirements of FERPA, Southern Union State Community College shall obtain written consent from students before disclosing any personally identifiable information from his/her educational records.

As a participant of the Dual Enrollment for Dual Credit program, I understand that it is the responsibility of Southern Union State Community College to release my grades to my high school and/or secondary educational entity. My signature below authorizes the College to release the information noted in this section.

Student's Signature_____ Date_____

Parent/Legal Guardian Signature_____ Date_____

This Section to be Completed by High School Counselor:

This student is enrolled in the 10th 11th 12th grade at_____ High School. Student has a minimum cumulative GPA of 2.5 (*unweighted*). I hereby recommend that this student be admitted to the Dual Enrollment for Dual Credit program at Southern Union State Community College. (**Transcript must be attached for new dual enrollment students.**)

Check One: Fall Semester Spring Semester Summer Semester

Southern Union Course	Credit Hours	High School Equivalent Course	High School Carnegie Credit(s)

Counselor's Signature_____ Date_____

For College Use Only

Verified by_____ Date_____ Approved by_____ Date_____