

## Course Approval and Parental Consent for Dual Credit or Early Admission

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                   |                                           |  |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|-----------------------------------|-------------------------------------------|--|
| Type<br>or<br>Print | Name of Student: _____                                                                                                                                                                                                                                                                                                                                                                                                                     |  | SHSU ID# _____             |                                   | DOB: ____ / ____ / ____                   |  |
|                     | Current High School: _____                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Current Grade Level: _____ |                                   | HS ID# _____                              |  |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |                                   | HS Graduation Date (MM/YYYY): ____ / ____ |  |
|                     | I understand that if I am admitted under this program, that a college level standard of conduct is required. It is my responsibility to comply with the admission policies, student code of conduct, academic standards of SHSU, and standards set forth in the course syllabus. I understand that academic information such as test scores and college transcripts will be provided by SHSU upon request to my corresponding high school. |  |                            |                                   |                                           |  |
|                     | Student Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            | ( )<br>Daytime Phone Number _____ |                                           |  |

### To be Completed by Parent or Legal Guardian

- I acknowledge that Student's use of SHSU facilities may expose Student to hazards or risks that may result in injury to Student, and I understand and appreciate the nature of such hazards and risks. In consideration of Student being permitted to participate in courses at SHSU and use the SHSU facilities ("facilities"), I, on behalf of myself and Student, hereby release and discharge SHSU, the Texas State University System ("System"), and its governing board and the officers, employees, and representatives of the System and SHSU ("Releasees") from any and all liability to Student, me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my or Student's property and for any and all illness or injury to Student's person, including death, that may result from or occur during Student's participation in the educational activities at the facilities, whether supervised or unsupervised, or while in transportation to or from the activities, and whether caused by the negligence of the Releasees or otherwise.
- I agree to indemnify, protect, defend (on demand) and hold harmless the Releasees from any and all loss, liability, damage, or costs of any nature whatsoever, whether now existing or hereafter arising, including without limitation, court costs and attorney's fees, that the Releasees may incur due to Student's participation in the activity, whether caused by the negligence of the Releasees or otherwise. I specifically agree to indemnify, protect, defend (on demand) and hold harmless the Releasees from any losses the Releasees may incur as a result of my or Student's loss of property, Student's personal or bodily injury or death, Student injuring another person and/or minor damaging another person's property while participating in courses at SHSU. The indemnity owed by me is specifically intended to include claims caused or alleged to have been caused, in whole or in part, by the Releasees' own negligence.
- I understand the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs.
- I understand that once the student is registered in a college course, he/she controls access to his or her educational records under the Family Educational Rights and Privacy Act (FERPA) and—unless an exception applies—I may not have access to my student's records without his/her written permission or proof that I claimed the student as a dependent on my most recent income tax return.
- I understand that students who receive a D or F in a dual credit course may not be permitted to continue in the dual credit program and can have negative impacts on their college GPA and academic standing.
- For College Credit Only: I understand the high school is not required to count the college course towards high school graduation requirements. I understand the student cannot register for a college credit only course conflicting with the class schedule at the high school.

I, \_\_\_\_\_, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above named student to enroll in the courses listed below for the specified terms at SHSU.

**My signature below acknowledges that I have read and understand the policies above.**

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### To be Approved by High School Principal or Designee

| College Course Selections |          |           |     | Select Appropriate Term         |                               |                                 | SHSU Registration Note: Enter "Action Reason" Code |                          |
|---------------------------|----------|-----------|-----|---------------------------------|-------------------------------|---------------------------------|----------------------------------------------------|--------------------------|
| Subject                   | Course # | Section # | CRN | _____                           | Year 20 _____                 | _____                           |                                                    |                          |
|                           |          |           |     | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/>                           | <input type="checkbox"/> |
|                           |          |           |     | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/>                           | <input type="checkbox"/> |
|                           |          |           |     | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/>                           | <input type="checkbox"/> |
|                           |          |           |     | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/>                           | <input type="checkbox"/> |
|                           |          |           |     | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/>                           | <input type="checkbox"/> |
|                           |          |           |     | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/>                           | <input type="checkbox"/> |

☐ If applicable, official TSI Test Scores have been attached to this form.

*For SHSU Office Use Only:*

Check the Appropriate Program:

TSDS ID# \_\_\_\_\_

High School Principal or Designee Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Dual Credit

☐ Early Admission