



## Dual and Concurrent Enrollment Authorization Form

### A. STUDENT INFORMATION (Print and Sign in the appropriate areas)

<b>1. Type of Form:</b> <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application		<b>2. Semester:</b> <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____					
<b>3. First Name:</b>		<b>Middle Initial:</b>		<b>Last Name:</b>		<b>Suffix:</b>	
<b>4. Birth Date:</b>		<b>5. E-mail Address:</b>				<b>6. Phone#:</b>	
<b>7. Home Address:</b>  City: _____ State: _____ Zip Code: _____							
<b>8. High School Name:</b>				<b>9. Student Grade Level:</b> <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Other: _____			

**10. Authorization to Release Grades:**

Please confirm whether you authorize or do not authorize the Dual/Concurrent Enrollment Office of Delgado Community College to send your mid-term and final grades to your high school/designee during the semester in which you are enrolled in Delgado's Dual/Concurrent Enrollment Program. You understand that your high school counselor and/or principal require this information to verify your college work in order to determine its applicability towards your high school graduation requirements. You understand that an official copy of your transcript must be requested and sent from the Registrar's Office of Delgado Community College directly to your high school/designee. The cost is \$10.00 for a mailed or electronic copy and \$20.00 for same day processing in the office. You further understand that additional copies must be requested in person and be accompanied by a \$10.00 (regular processing) or \$20.00 (same day processing) payment.

**(Please Check One:)**

\_\_\_\_\_ I authorize the forwarding of my mid-term & final grades to my high school/designee.

\_\_\_\_\_ I do not authorize the forwarding of my mid-term & final grades to my high school/designee.

**11. Student Consent:**

I certify the above information is correct and that I will comply with the requirements of the TOPS Tech Early Start Program, Delgado, LA Board of Regents and/or my high school. I understand that as a Dual/Concurrent Enrollment student, I am not eligible for federal financial aid. I understand that college courses are more demanding than high school courses. I understand that the grade(s) earned for the dual/concurrent course(s) will become a permanent part of my college academic transcript. I understand that if my college GPA falls below 2.5 that I will no longer be eligible for the Dual/Concurrent Enrollment program. I am aware of the Dual/Concurrent Enrollment Important Dates which include enrollment and withdrawal deadlines. In addition, I understand that I must work through my high school counselor or designee to withdraw from a course and if I do not withdraw by the deadlines, a tuition balance will be due. My family will be responsible for any costs not covered by my high school.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**12. Parent/Guardian Consent:**

I certify that I am the parent/guardian of the above student. I give consent for my child to be enrolled in dual or concurrent enrollment courses through Delgado. In addition, I understand that my family is responsible for any costs not covered by my child's high school. I also understand that my child, when enrolled as a Dual/Concurrent Enrollment student, is not eligible for federal financial aid. I understand that college courses are more demanding than high school courses, and I will communicate this to my child. I understand that the grade(s) earned for the dual/concurrent course(s) will become a permanent part of my child's college academic transcript. I understand that if my child's college GPA falls below 2.5, my child will no longer be eligible for the Dual/Concurrent Enrollment program. I am aware of the Dual/Concurrent Enrollment Important Dates which include enrollment and withdrawal deadlines. In addition, I understand that my child must work through the high school counselor or designee to withdraw from a course and if this is not done by the withdrawal deadlines, a tuition balance will be due. My family will be responsible for any costs not covered by my child's high school.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**B. HIGH SCHOOL CERTIFICATION (Print and Sign in the appropriate areas)**

<b>13. High School and/or DE Partner Name:</b>	<b>14. School's BESE Code:</b>
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**15. Please select the appropriate enrollment type:**

Dual Enrollment
  Concurrent Enrollment

<b>16. Student's Full Name:</b>	<b>17. Grade:</b>
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<b>18. Requested Course Information</b>				
Course Title	Course Reference#	Prefix / Number / Section	Credit Hours	Course Days / Time

**19. Please select the appropriate payment method:**

Supplemental Course Academy (SCA) Funding  
 TOPS Tech Early Start (TTES) Funding - **LA Secure#:** \_\_\_\_\_

**Award Eligibility Requirements:**

- 11th or 12th Grade Students Only
- Five-year Education and Career Plan completed
- High School GPA of 2.0 or above on a 4.0 scale
- Scored a 15 or above on the Mathematics AND English portion of the ACT Plan Assessment or a successor, or on ACT, or the equivalent concordant value on the SAT, or have achieved a silver level score on the assessments of the ACT WorkKeys system.

\_\_\_\_\_ Math Score \_\_\_\_\_ English Score

- In good standing as defined by the high school (Counselor's Recommendation Form)
- Must complete LOSFA's TOPS Tech Early Start Application

Self-Pay  
 Other: \_\_\_\_\_

**NOTE:** Funding for TTES is contingent upon sufficient appropriations. Submission of this application for TTES does not guarantee funding.

**20. High School Principal/Counselor/Designee Consent:**

My signature certifies that this student meets all the requirements and is authorized to be dually/concurrently enrolled in college. In addition, the family understands that they are responsible for any costs not covered by the high school. I have made the family aware that Dual/Concurrent Enrollment students are not eligible for federal financial aid. I understand that college courses are more demanding than high school courses, and I have communicated this to the student. I understand that the grade(s) earned for the dual/concurrent course(s) will become a permanent part of my student's college academic transcript. I understand that if my student's college GPA falls below 2.5, my student will no longer be eligible for the Dual/Concurrent Enrollment program. I am aware of the Dual/Concurrent Enrollment Important Dates which include enrollment and withdrawal deadlines. In addition, I understand that the high school counselor, principal or designee must inform Delgado's Dual Enrollment Team when a student wants to withdraw from a course. The withdrawal must occur before the Important Dates deadlines. If not, a balance will be due. The school is responsible for any costs not covered by SCA or TOPS Tech funding.

<b>Principal or Designee Signature:</b>	<b>Date:</b>
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