



Year: 20 17  
 Term:  Fall  
 Spring  
 Summer

**Advising and Counseling Office**

# Dual Credit / Exceptional Admission Add/Drop Approval Form

Check the Appropriate Program(s)  Dual Credit  College Credit Only (Ex Adm)  College Prep

Please Type or Print	Name of Student: _____ Date of Birth: ____/____/____ LSC ID# _____
	Current School: <u>Tomball Star Academy</u> Current Grade Level: <u>9</u>
	I understand that if I am admitted under this program, I will abide by the rules and regulations of LSC, including official registration and withdrawal procedures. I also understand that academic information such as test scores and college transcripts will be provided by LSC upon request to my corresponding high school.
Student Signature _____	(____) _____ Daytime Phone Number

**To be completed by parent or guardian**

I agree to these provisions of admission and enrollments hereby listed for consideration of the student's acceptance and understand he/she must abide by the rules and regulations of LSC. 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 is under the rules of the Family Educational Rights and Privacy Act (FERPA), and 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 are not permitted to continue in the dual credit program.

Parent / Guardian (Parents please sign if your student is under 18 years of age)

Date \_\_\_\_\_

My child is (16) years of age or younger. (Please sign below)

Parent / Guardian

Date \_\_\_\_\_

My signature above acknowledges that I understand that students age sixteen (16) years or younger must have a parent or legal guardian at the System campus, center, or facility at all times to monitor the student's activities outside of class and to be immediately available in case of an emergency. Failure to have a parent or legal guardian at the System campus, center, or facility will cause the student to be removed from each enrolled class.

**To be completed by high school principal or designee**

**ADDS**

Class#	Subject	Catalog#	Section#	High School Course	Dual Credit	College Credit Only
16700	Learning Framework:	EDUC 1300	3D01	College Readiness	<input type="checkbox"/>	<input type="checkbox"/>
	First Year Experience				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I understand I must present this form to my high school counselor and LSC advisor in order to completely drop/withdraw from this course(s). If it is after the official day of record according to the LSC calendar, I understand my college transcript will indicate a "W" for withdraw from this course. Standard LSC refund policies apply.

**DROPS**

Class#	Subject	Catalog#	Section#	High School Course	Dual Credit	College Credit Only
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I certify that the college-level courses listed above will be accepted toward high school graduation requirements and qualifying test scores have been submitted for this student.

Signature of High School Principal or Designee

Date

**Please Note: If you will be taking a course for 'College Credit Only' (Ex Adm), you will be paying for all tuition and fees. (books not included)**

**For Office Use Only**

Total Hrs. Enrolled: \_\_\_\_\_ Hrs. Eligible for Waiver: \_\_\_\_\_  
 Initial: \_\_\_\_\_ Date: \_\_\_\_\_