

CONCURRENT ENROLLMENT  
(College Credit Only)

PLEASE USE ONLY BLUE OR BLACK  
INK



Semester \_\_\_\_\_

Last Name :( Please print) \_\_\_\_\_ First Name: \_\_\_\_\_ High School: \_\_\_\_\_

Lee College ID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

## Course Information

| Course Registration Number | College Course | Course Number |
|----------------------------|----------------|---------------|
|                            |                |               |
|                            |                |               |
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|                            |                |               |
|                            |                |               |
|                            |                |               |

\_\_\_\_ I understand that the course(s) above are for college credit only and will not be transition back to my high school to meet any high school requirement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

We, the student and parent/guardian, agree for the above-named student to enroll in a concurrent enrollment course offered at Lee College. We understand that the course will not met any high school course requirements. We understand that all prerequisite requirements, including assessment and course placement must be met. We agree to abide by postsecondary policies and codes of conduct. We will cooperate with the postsecondary institution in fulfilling student responsibilities. We understand that any courses registered for, or grades earned, become a permanent part of the student's college record. We understand that it is our responsibility to pay all tuition, fees, and book cost. College courses taught on the Lee College Main Campus, McNair Center, and the Lee College Education Center-South Liberty County may be taught in mixed student class where high school students who are enrolled in the Dual Enrollment Program are integrated in course with mainstream adult Lee College Students. We, the student and parent/guardian, certify that all the information furnished in this application is true to the best of our knowledge. We understand that any misrepresentation of the facts may result in the immediate cancellation of the student registration.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

For more information or questions regarding the Dual Credit program, please contact the Dual Enrollment Office at 281-425-6295.