

LEE COLLEGE

DUAL ENROLLMENT REQUEST FORM

PLEASE USE ONLY BLUE OR BLACK INK

Academic Year: _____ Graduation Year: _____

Last Name :(Please print) _____ First Name: _____ High School: _____

Lee College ID or SSN: _____ Date of Birth: _____ Phone Number: _____

FALL			SPRING		
Course Registration Number, ex. REG #	Course #, ex. MATH 1314	Course Title, ex. College Algebra	Course Registration Number, ex. REG #	Course #, ex. MATH 1314	Course Title, ex. College Algebra

We, the student and parent/guardian, agree for the above-named student to enroll in the Dual Enrollment Program offered in coordination with stated high school and postsecondary institution. We understand the high school representative will authorize course selection for each term. We understand that all prerequisite requirements, including assessment and course placement must be met. We agree to abide by the high school and postsecondary policies and codes of conduct. We will cooperate with both the high school and postsecondary institution in fulfilling student responsibilities. We understand that any courses registered for, or grades earned, become a permanent part of the student’s high school and college record. At the end of each semester, we authorize the postsecondary institution to send all grades to the postsecondary school, including those for courses that are not a part of this agreement. We understand that it is the student’s responsibility to receive approval from the high school representative for permission to drop or resign from the course(s) listed above. We understand that it is our responsibility to pay all tuition, fees, and book cost if not provided by our high school. 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 (if student is under 18 years)	Date
High School Representative Signature	Date	High School Representative Name (print/type)	

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