

STU ID# Unweighted High School GPA: _____

Name: _____
 First Name Middle Initial Last Name

Dual Enrollment High School: _____

Email Address: _____ Phone Number: (_____) _____ - _____

TERM	COURSE CODE			COURSE NUMBER				SECTION			CREDITS	COURSE TITLE
	A	S	T	1	0	0	2	3	0	2		
Ex: 21/DF											3	Introduction to Astronomy
22/DS												
TOTAL CREDITS												

STUDENT ACKNOWLEDGEMENT

___ It is my responsibility to turn in the completed Acknowledgment/Authorization Form to the High School Liaison by the deadline set each term.

___ I understand I will be enrolling in a college-level class that will require rigorous academic work and I will be graded on a college-level grading standard. I understand that all college coursework and grades become a permanent part of my official college academic history and transcript.

___ I understand I will need written permission from the High School Liaison in order to withdraw from a Dual Enrollment course. I can only withdraw from a course on or before the deadline set each term. I understand I will still be responsible for the tuition fee of the course, as well as, the withdrawal fee.

STUDENT signature: _____ **Date:** ____/____/____

PARENT/GUARDIAN ACKNOWLEDGEMENT

___ I give my child permission to participate in Dual Enrollment courses, listed above, from Saint Thomas University, offered at my child's high school.

___ I understand that my child's St. Thomas University account will be assessed tuition on a per credit basis (\$60/credit) at the dual credit rate and fees (Ex: 3 credit course = \$180), and that tuition and fees must be paid by the deadline set forth each semester, or a late fee may be charged.

PARENT/GUARDIAN name (please print): _____

PARENT/GUARDIAN signature: _____ **Date:** ____/____/____

I certify that this student meets the criteria to take Dual Enrollment courses, and that he/she is a high school student and has a 3.0 or better unweighted grade point average on a 4.0 scale.

High School Liaison Signature: _____