

Dual Credit Student Checklist



Step 1:

- Visit with your high school Counselor to determine Dual Credit Eligibility
- Complete the LSC application. Go to: lonestar.edu/admissions
- Meningitis Vaccination: Required for all Dual Credit students taking a course held on a LSC campus. Students taking Dual Credit classes **ONLY** at their high school are exempt. For more info. visit: lonestar.edu/meningitis. **NOTE!** - Hold must be removed before student is allowed to register for classes!



Step 2:

- If TSI placement testing is required, your Dual Credit Counselor will notify you.
- You may also ask your Counselor for the "Test Prep" flyer to help prepare you for the placement test. - <http://www.lonestar.edu/departments/libraries/UniversityParkLibrary%5CTS%20prep.pdf>

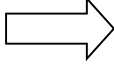


Step 3:

- After you have tested, visit with your Dual Credit Counselor to determine eligibility and if approved select course(s). Your counselor will give you an **Exceptional Admission forms** which needs to be signed by Counselor, **YOU AND YOUR PARENT even if you are 16 and over.**
- Parent Consent and Waiver Form: needs to be completed if student is under the aged of 18 years old. Student only needs to complete the waiver form once.
- UP Advisors will visit your campus to pick up the Exceptional Admission form. **IMPORTANT!** ALL SIGNATURES ARE REQUIRED before form can be accepted.
For your high school, UP Advisors will be on campus: _____



Step 4:

- UP Staff member will add the Dual Credit Tuition Waiver (unless otherwise indicated) at time of registration. If you are taking class as DUAL CREDIT, LSC pays tuition, student pays all fees (unless otherwise indicated).
 - TO PAY ONLINE: Go to: lonestar.edu and click on  **myLoneStar** and login using your User ID and password.
 - Or visit the Bursar's/Cashier Office at LSC-University Park and pay in person.
 - Be aware of **PAYMENT DEADLINES** below! If you do not pay on time, you risk being DROPPED!
 - My To-Do List: _____
- ❖ If you find you need to DROP your dual credit class, you MUST talk with your high school DC counselor, obtain a DROP form and submit form, in person, to LSC-University Park DC advisor.

Year: 20 _____
 Term: Fall
 Spring
 Summer



Dual Credit / Exceptional Admission Course Approval Form

Check the Appropriate Program(s) | _____ Dual Credit | _____ College Credit Only | _____ College Prep

Please Type or Print	Name of Student: _____ LSC ID# _____ DOB: ____/____/____	
	Current School: _____ Current Grade Level: _____ Expected HS Graduation Date : ____/____/____	
	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 required)	(_____)
	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.

My child is under 16 years of age.

(Parent signature required)

Parent / Guardian Signature

Date

For students under the age of 16, my signature above acknowledges that I will assure that I (or another responsible adult) will be available on the college campus (but not in the student's classroom) to monitor his/her activities outside of class, in the library, and in open labs in case of emergency.

To be completed by high school principal or designee

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

Official Test scores are required for Dual Credit registration at Lone Star College and have been attached to this form.

High School Principal or Designee Signature

Date

For Office Use Only

Total Hrs. Enrolled: _____ Hrs. Eligible for Waiver: _____

Initial: _____ Date: _____



Must be completed prior to enrollment if student is age seventeen (17) or younger

PARENTAL CONSENT AND WAIVER FORM
FOR MINOR STUDENTS

As a condition to be enrolled as a student within the Lone Star College System ("LSCS"), I,

Please Print Name _____,

("Student") understand that it is my responsibility to complete this form truthfully and accurately to the best of my ability. I further agree to notify immediately and in writing the LSC-
_____ ("College") Admissions and Financial Aid Offices of any circumstances that may change.

I understand that I am enrolling in a college course(s) that demands a high level of maturity and responsibility that is greater than public education requirements. I understand that the teaching methodology and content of this course(s) may include certain controversial issues.

I understand that a college level standard of conduct is required, and it is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of LSCS, and standards set forth in the course syllabus. I understand that college level grading requirements will be used. I also understand that enrolling in certain courses could negatively affect financial aid, scholarships, future enrollment, tuition costs, etc.

I understand that the grade(s) received for course(s) will become a permanent record on my college transcript, regardless of the results.

Signature of Student

Signature of Witness

Date Signed

Date Signed

To be completed by Parent/Guardian:

I, _____, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations.

For students who are age seventeen (17) or younger, the law generally gives parents certain rights to inspect and review the education records of their children. I understand that these rights shift from parents to Student once Student enrolls in LSCS, and this shift occurs even if Student is age 17 or younger.

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.

Students age seventeen (17) years or younger must complete and return a Parental Consent and Waiver Form prior to enrolling at LSCS. This applies to all students who take a class at LSCS that requires them to be present at a System campus, center, or facility during the semester.

OGC-S-2014-04

In consideration of Student being permitted to participate in courses at LSCS and use the LSCS facilities ("facilities"), I, on behalf of Student, hereby assume all risks of injury, illness, death or other loss arising from or in any way relating to Student's participation in courses or use of the facilities. I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

On behalf of myself, Student, family, heirs, and personal representative(s), I hereby release LSCS, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, Student, personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Student's property and for any and all illness or injury to student, including death, that may result from or occur during participation or use of the facilities, whether caused by negligence of the Releasees, or otherwise. I further agree to indemnify and hold harmless Releasees from liability for the injury or death of any person(s) and damage to property that may result from Student's negligent or intentional act or omission while participating or using the facilities. I understand and agree that Releasees may not have medical personnel available.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR STUDENT'S INJURY OR DEATH OR DAMAGE TO STUDENT'S PROPERTY THAT OCCURS OR RESULTS FROM STUDENT'S PARTICIPATION OR USE, AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY STUDENT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Parent/Guardian

Signature of Witness

Date Signed

Date Signed

Note: Signed original to be retained as a Student record.

Modification of this Form requires approval of the Office of the General Counsel



AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, _____, hereby voluntarily authorize officials in the
[Print Name of Student]

Lone Star College - department(s) identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply):

- Registrar Financial Aid
- Other (Please Specify) _____

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- Grades/Transcripts Photos
- Financial Aid Academic Records
- Disciplinary All College Records
- Scholarship and/or Honors
- Other (Please Specify) _____

This information may be released to _____
[Print Name(s) of Individual(s) To Whom LSCS May Disclose Information]

_____ for the purpose of informing:

- Family Employer/Prospective Employer
- Educational Institution Public or Media of Scholarship, Honor or Award
- Other (Please Specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Signature Date (LSCS ID)
Student I.D Number

Parental/Guardian Consent: (Must be completed if Student is under the age of 18, in addition to Student Signature)

I hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations.

Parent/Guardian Signature Date

Notary: (If Student is age 18 or over, Student signature is to be notarized. If Student is under the age of 18, Parent/Guardian signature is to be notarized.)

STATE OF _____
COUNTY OF _____

This instrument was ACKNOWLEDGED before me on _____, 20__ by _____.

Notary Public, State of _____

- LSC-CyFair Student Services 281-290-3200
- LSC-Kingwood Student Services 281-312-1600
- LSC- Montgomery Student Services 936-273-7000
- LSC- North Harris Student Services 281-618-5400
- LSC- Tomball Student Services 281-351-3300
- LSC- University Park Student Services 281-290-2600