



**Course Enrollment Request (To be completed by the high school)**

The high school principal (or designee) must indicate the college course(s) in which the student has permission to enroll and the respective high school course(s) in which the student will receive high school credit.

<u>Indicate</u> Fall/Spring/ All Year	College Course Abbreviation & Number	College Course Section	College Course Title	College Credit Hours	High School (LDE) Course #	High School Course Title	H.S. Units	High School Instructor

**Signatures and Consents (Must be signed by the student and the parent or guardian)**

- I certify that all information I have provided in this application is correct.
- I have received a copy of the Dual Enrollment Program Student Eligibility Criteria Framework for TOPS Tech Early Start (TTES).
- I understand that I will be responsible for additional enrollment costs not covered by SCA, TTES, school or MOU.
- If I am approved for participation in the TTES Program, I will comply with all the requirements.
- I understand that I am enrolling as a Visiting/Guest Student at the college/university. Upon graduation from high school, if I desire to enroll at a college or university, I will apply for admission as a regular student and meet the college/university admission requirements.
- I understand that the college courses and high school and college grades earned in those courses in which I enroll through either dual enrollment program will be on my permanent high school and college academic records.
- **I understand that the grades I earn on college courses in which I enroll through the dual enrollment programs will be used by other programs, including TOPS, to determine my continuing eligibility for those programs.** See TOPS Q&A Q.150-151 located in TOPS section of [www.osfa.la.gov](http://www.osfa.la.gov).
- I do hereby authorize the Board of Regents, the Louisiana Community & Technical College System and the Office of Student Financial Assistance access to my high school and college academic records.
- I acknowledge that I am enrolling in the course(s) listed above and also understand that **it is my responsibility to OFFICIALLY WITHDRAW OR DROP** a class I decide not to complete by the college/university published deadline. If I withdraw, I may not be eligible for dual enrollment funding next semester.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Certification (Must be completed by Parent/Guardian)**

- I certify that all information provided on this application is correct.
- I have received a copy of the dual enrollment Programs Student Eligibility Criteria Framework for TOPS Tech Early Start (TTES).
- If my child is approved for participation in the Dual Enrollment programs, he/she will comply with all the requirements.
- I understand that I will be responsible for additional enrollment costs not covered by SCA, TTES, the school or MOU.
- I understand that the college courses and high school and college grades earned in those courses in which my child enrolls through the Dual Enrollment Programs will be on my child's permanent high school and college academic record.
- I do hereby authorize the college and high school the right to share relative student information as described in Louisiana Act 837, R.S. 17:3913 and 3996(B)(34) with the Louisiana Board of Regents, Louisiana Community & Technical College System, institutional accrediting bodies, Louisiana Office of Student Financial Assistance, and, if applicable, all programmatic, registry and licensure accrediting bodies.
- **I understand that the grades my child earns on college courses in which he/she enrolls through the dual enrollment programs will be used by other programs, including TOPS, to determine his/her continuing eligibility for those program.** See TOPS Q&A Q.150-151 located in TOPS section of [www.osfa.la.gov](http://www.osfa.la.gov)
- I do hereby authorize the Board of Regents and the Office of Student Financial Assistance access to my child's high school and college academic records.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Certification (Must be signed by Principal or Designee)**

I certify that the student completing this application has permission to participate in the Dual Enrollment Programs and that the information provided for this student by the high school is correct.

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_