



# Southern Union

State Community College



## Statement of Eligibility for Dual Enrollment Students

Acceptance to the Dual Enrollment program at Southern Union State Community College for new students is contingent upon the receipt of this form, completed and signed by the student and their high school counselor, a copy of the student's current high school transcript, and appropriate placement test results (if applicable). Returning students must submit a new Statement of Eligibility form for each subsequent term of enrollment.

### This section must be completed and signed by the Student

Type of Dual Enrollment Course(s):  Academic  Career & Technical  Health Sciences

Name (please print) \_\_\_\_\_  
Last Name First Name Middle Name

SUSCC Student A-number (REQUIRED) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Name of High School \_\_\_\_\_ Semester of Enrollment  FA  SP  SU Year 20 \_\_\_\_\_  
(Check ONE)

### Continuous Eligibility for Dual Enrollment for Dual Credit

Students who meet the criteria for initial admission for the Dual Enrollment program will maintain continuous eligibility so long as they earn a grade of C or better in all attempted college courses. Students who fail to meet this minimum grade requirement will be suspended from the dual enrollment program for a minimum of one semester. The one-semester suspension may not be served during summer semester. The student may not re-enroll until the suspension has been served. For re-entry, the student must re-apply to the program and meet the minimum (unweighted) grade point average requirement.

### Authorization for Release of Records

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to students' educational records transfers from the parent(s) to the student when the students become 18 years of age OR are enrolled in an institution of postsecondary education. In order to comply with the requirements of FERPA, Southern Union State Community College shall obtain written consent from students before disclosing any personally identifiable information from their educational records.

As a participant of the Dual Enrollment program, I authorize Southern Union State Community College to release my grades to my high school. Additionally, I grant permission for representatives at the College to discuss my educational records with my parents/guardians. This release shall remain in effect until I provide written notice to the Records Office to discontinue the release or until I earn my high school diploma. My signature below authorizes the College to release the information noted in this section.

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

### This section must be completed and signed by the student's High School Counselor

Please list all college course(s) that the student is approved to take during the semester for which the student is applying:

Course Prefix and No.	SUSCC Course Name	Cr. Hrs.	Equivalent High School Course
Example: ENG 101	Example: English Composition I	3	Example: English 12

This student is enrolled in the  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> grade. I hereby agree that the student listed above meets the requirements of dual enrollment and approve this student to enroll in these courses for the semester stated above.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_