



Southern Union

State Community College



Statement of Eligibility for Dual Enrollment Students

Your acceptance to the Dual Enrollment program at Southern Union State Community College will be **official** only upon the receipt of your current high school transcript, ACT and/or ACCUPLACER Placement results (if applicable), and this form, completed and signed by your high school principal and counselor. A Statement of Eligibility form must be submitted for each subsequent term of enrollment.

This section is to be completed by the Student

Type of Dual Enrollment Course(s): Academic Career & Technical CTE Program _____

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)

This section is to be reviewed and signed by the Student and Parent/Guardian

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 or who withdraw from a course 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 _____

Parent/Legal Guardian's Name (please print) _____

Parent/Legal Guardian's Signature _____ Date _____

This section is to be reviewed and signed by the student's High School Counselor and Principal

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 HS Course Name
Ex. ENG 101	English Composition I	3	English 12

This student is enrolled in the 10th 11th 12th 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 _____

Principal's Signature _____ Date _____