

DUAL CREDIT ENROLLMENT APPLICATION

TERM: Fall Spring Summer Year: _____

Student's Name:
Last First Middle Social Security Number (optional)

Student's Mailing Address (street) Telephone Number

City State Zip Code Student's E-mail Address

Student's Birthdate: Gender: Female Male

Student's School: Grade: Graduating Senior: Yes No

Student's Cumulative GPA:

Ethnic Background: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Are you a U.S. Citizen? Yes No If no, country of citizenship? _____

Do your parents live in Nevada? Yes No How long have you lived in Nevada? _____

Please indicate the class(es) in which you are applying to enroll: in credit box indicate A - Academic or E - Elective

Call No.	Dept.	Course No.	Section No.	Course Title	SNC Credit	WNC Credit	UNR Credit

To qualify for the Dual Credit Program, I understand:

- I must have obtained HS status by the beginning of the school year. Dual Credit courses are available to high school students (9-12).
- I am responsible for providing my own transportation to and from the Dual Credit class.
- A Dual Credit course may be applied only to elective high school credit, unless specified for academic credit in the posted Dual Credit List.
- I must pay the costs of college enrollment for the class, including any application fees, class fee, and textbook costs.
- Registration is not complete until all fees, if any, are paid. I am responsible to pay fees by the published deadline date.
- I am considered an admitted student and as such, all policies and procedures as outlined in the college course catalog apply.
- Grades earned in Dual Credit courses will be averaged into my semester GPA. Dual Credit will not be awarded retroactively.
- I must have approval from the persons listed below:

Student's Signature (Signature indicates understanding of above requirements and obligations) Date: _____

Parent's Signature (Signature indicates understanding of above requirements and obligations) Date: _____

Counselor's Signature (Signature indicates counselor has reviewed the Dual Credit Program with the student, including requirements, obligations, and restrictions and has verified the student's eligibility to enroll.) Date: _____

Principal/Curriculum Assistant Principal Signature (Signature indicates verification of student's GPA and that this course is NOT offered at the student's home high school.) Date: _____

Family Educational Rights and Privacy Act (FERPA)

Each educational institution is required by federal law (FERPA), regardless of age or grade level, to keep student records confidential. Without the parents' express permission (or that of a student 18 or over), WCSD cannot share student records with anyone but the student and parent (or appropriate school district employees). And without the student's express permission, Post-Secondary Institutions cannot share student record with anyone but the student (or appropriate college employees, high school employees, or dual credit instructors). Parents or guardians must be authorized to view student records.

Family Rights and Privacy Act (FERPA)
Parent and Student: Sign here to approve that WCSD and the Nevada university or college in which you enroll may disclose your student records to either WCSD or the institution in which you enroll.

Signed By

Signed By