



Montgomery Public Schools (MPS)
Dual Enrollment for Dual Credit Approval Form
Student Information - School Year: 2019-2020

Student Name: _____ **High School:** _____

Student Address: _____ **Grade Level:** _____

Circle one:

Alabama State University
Trenholm State Community College

Auburn University at Montgomery
Troy University
University of West Alabama

Faulkner University
University of Alabama

High School Course Replaced

Approved Dual Enrollment/Dual Credit Course(s)

<https://www.alsde.edu/sec/isvcs/Dual%20Enrollment/FY19-2087-Credit%20for%20Dual%20Enrollment%20Courses.pdf>

(ALSDE Credit for Dual Enrollment Courses Memo FY19-2087)

My initials indicate that I have read, understand, and agree to the conditions in the MPS Academic Dual Enrollment Program Guide. _____ **Parent Initials**

Authorized Signatures

I hereby agree that the above student has a minimum cumulative (unweighted) high school grade point average of 2.5 on a 4.0 scale and has met all other enrollment criteria for Dual Enrollment and is granted permission to enroll in the course(s) listed above at the following Dual Enrollment provider:

(Name of Community College/University)

Counselor's Signature: _____ **Print Name:** _____

Counselor's Email: _____

Principal's Signature _____ **CTE representative (If applicable)** _____

RELEASE OF RECORDS

I authorize _____ (Name of Community College/University) to release my academic record each term to my high school and MPS district personnel. This release is counter signed by my parent or legal guardian, if I am less than 18 years of age. This release shall remain in effect until I provide written notice to discontinue the release. I understand that I am subject to the Federal Education Rights and Privacy Act of 1974 (FERPA).

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____