



# DUAL ENROLLMENT PARTICIPATION APPLICATION

Dual Enrollment Participation Application For:  Fall  Spring  Summer Year \_\_\_\_\_

Course(s) of Interest: (Select up to three)

- Business       English       History       Mathematics       Psychology
- Sciences       Sociology       Speech       Other \_\_\_\_\_       Other \_\_\_\_\_

## Student Personal Information

Student's Name	Social Security	Birthdate
Street Address	City	State      Zip Code
County of Residence	Telephone	Email Address
High School	HS ID Number	Expected Year of Graduation

## High School Approval

Guidance Counselor Name	Contact Number	Email Address
Signature	Date	

## Participation Agreements

The purpose of the Dual Enrollment program is to offer high school students an opportunity to dually enroll at Baltimore City Community College (BCCC), giving them a head start at the college. It is designed to also give students a measure of confidence; demonstrating to them through experience they are capable of doing college-level work- which demands a higher level of commitment than that of a high school course.

**Please initial next to each statement:**

**As a Student:**

- \_\_\_\_\_ In accordance with the Family Educational Rights and Privacy Act (FERPA), I give permission to my parents/guardians and to the high school in which I attend to release any information concerning my selection as a participant in the Baltimore City Community College Dual Enrollment Program.
- \_\_\_\_\_ In accordance with (FERPA), I give BCCC permission to release any academic and/or financial information to my parents/guardians and to my high school while dually enrolled and /or receiving the Early Enrollment Scholarship.
- \_\_\_\_\_ I will attend class regularly, be on time and in class. I will adhere to BCCC and classroom rules and regulations in dress and conduct. I will meet with my instructor if/when I have a problem pertaining to coursework.
- \_\_\_\_\_ I will notify a BCCC Admissions Officer or Director immediately, if I make a decision to drop/withdraw from the course(s) and follow official procedures for withdrawing, and not simply stop going to class.



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- I understand I must complete all of my courses with a grade of "C" or above in all of my courses to receive the Early Enrollment Scholarship.
- I accept financial responsibility for all debt incurred of tuition, fees, and books if I do not meet the criteria for the Early Enrollment Scholarship and understand the Early Enrollment Scholarship will be rescinded.
- I pledge to remain drug free while in the Dual Enrollment Program. Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland College as well as my Early Enrollment Scholarship.

Student Print Name

Signature

Date

**Please initial next to each statement:**

**As a Parent/Guardian:**

- I will monitor my student's attendance and grades
- I understand the high school is not responsible for the student's well-being or academic performance while attending BCCC.
- I will accept financial responsibility for payment of tuition, fees and books if the student is a minor (17 years of age or younger) and does not meet eligibility criteria for the Early Enrollment Scholarship
- I will accept financial responsibility for all debt incurred if the minor student does not successfully complete all course(s) with a grade of "C" or above and understand the Early Enrollment Scholarship will be rescinded.

Parent/Guardian Print Name

Signature

Date

Telephone Number

email address

**For Admissions Office use only:**

Qualified by:  Placement     SAT Scores     ACT     Prev. Dual Enrollment Participation

Approved:    Yes    No                      Signature & Date \_\_\_\_\_

Approved Course(s) \_\_\_\_\_

Payment for courses:

BCPSS

Early Enrollment Scholarship

Third Party Payment

Student and/or Parent

Other