

DRHS STUDENT ID	
<i>NUMBER</i> :	

Student Cell Phone Number:
Parent Cell Phone Number:

Dual Credit Admission

Student Name	(Print)	SWTJC ID #
High School <u>C</u>	DEL RIO HIGH SCHOOL	Date of Birth
 Applica Submit SWTJC Dual Cr Student 	Dual Credit Admission: tion – Apply @ www.applytexas.org qualifying test scores (SEE BACK) Dermission Form Tedit Orientation Verification: The must be on correct roster with scores titis Vaccination	New StudentReturning StudentNew StudentReturning Student attached.
Please read an regulations:	nd initial by each statement acknow	edging Student and Parent/Guardian consent of the following rules and
rogulationo.		s different from the registration process. I also understand that these dates do not and SWTJC and it is the responsibility of the student to make sure that these
Agree		
		credit course(s) at SWTJC and will be receiving a letter grade that will be recorded nerical grade may appear on the high school transcript for dual credit courses; the respective high school.
Agree		
		ay my tuition and fees by the deadlines set by SWTJC. I understand that it is my eadlines. If I elect to pay by installment plan, I understand that the installment plan
Agree		
	with my parents and high school counseld	or drop any of my college course(s) it is my responsibility to first discuss this matter. It is my responsibility to contact my high school counselor to fill out the drop slip to ered for at SWTJC. I also understand that I may or may not receive a refund based ge course(s).
Agree		
	regulations at SWTJC, in addition to follow	am responsible for knowing, understanding, and following all policies, rules, and ng the rules and regulations set forth by the high school. I also understand that as dult content, controversial issues and opinions, and differing belief practices.
Agree		
		ory Dual Credit Orientation prior to the first semester of enrollment. I understand that on dates and to register for the orientation.
Agree		
	I understand an official College transcript school graduation is submitted to the Adm	rill not be released until a final official high school transcript showing date of high ssions Office.
Agree		overning the Dual Credit Program in the contracted agreement between the thwest Texas Junior College (SWTJC). I authorize the release of my grades between ac.
Agree		,
one or more admis	ssion criteria will result in removal from the pr	intain the academic standards set by SWTJC Dual Credit admissions criteria. Failure to meet gram. By signing this permission form, all parties acknowledge that they have read and responsibility and maturity that are required to meet this commitment.
Student Signatu	ure	Date
Parent/Guardia	an Name (Print)	Relationship to Student
Parent/Guardia	n Signature	Date
School Official	l Signature	Date