UAB DUAL ENROLLMENT SIGNATURE FORM

Student's Full Name			
	First	Middle Initial	Last
Date of Birth (MM/DD/YY	YY)//		
	This section is to be rev	iewed and signed by the high	n school counselor.
This student is enrolle	ed in 🛛 10th grade	🗆 11th grade 🛛 🗆 12th grade	at Name of School
	-	ulative GPA of 3.0. By signing It the University of Alabama at	, I hereby recommend that this student t Birmingham.
			ible for approving course registration plied to high school graduation
Counselor's Signature	e		Date//

DUAL ENROLLMENT PARTICIPATION ACKNOWLEDGMENTS

My signature verifies my understanding that these courses will be taught at the college-level. I understand that I am responsible for confirming my high school's dual enrollment policy with my high school counselor and that my high school determines how credit is awarded and applied to high school graduation requirements. I will discuss my UAB course selections with my high school counselor each semester before registering.

I acknowledge that I am responsible for honoring UAB deadlines and paying my account balance. An overdue account balance could prevent my transcript from being sent to my high school. If I wish to drop or withdraw from dual enrollment course(s), I must do so by the deadline on UAB's Academic Calendar.

In accordance with the Family Educational Rights and Privacy Act (FERPA), I consent to the release of my grades to my high school/secondary educational entity.

 Student's Signature ______
 Date _____/_____

I give permission for the student listed above to take a college-level course at UAB for academic credit. I understand that I am responsible for paying the associated tuition and fees in full by the corresponding deadline.

Parent/Legal Guardian's Signature ____

