

any additional enrollment costs if my child enrolls in more than these limits through the dual enrollment program, even if he/she enrolls in more than one college/university.

- I understand that my child is enrolling as a Visiting/Guest Student at the college/university. Upon graduation student and must meet the college/university admission requirements.
- I understand that the college courses and high school and college grades earned in those courses in which he/she enrolls through the Dual Enrollment Program will be on her/his permanent high school and college academic records.
- **I understand that the grades my child earns on college courses in which he/she enrolls through the Dual Enrollment Program will be used by other programs, including TOPS, to determine her/his continuing eligibility for those programs. See TOPS Q&A Q.150-151 located in TOPS section of www.osfa.la.gov.**
- do hereby authorize the Office of Student Financial Assistance access to my child's high school and college academic records.
- I acknowledge that: (1) my child is enrolling in a college course (2) **it my child's responsibility to OFFICIALLY WITHDRAW or DROP** a class he/she decides not to complete by the college/ university published deadline: and (3) if he/she withdraws from the college course or earns a college grade other than A, B, C, or P in the course, he/she may not be eligible for the Delgado Community College Dual Enrollment Program in the subsequent semester.

Parent/Custodian (Guardian) Signature _____ Date _____

HIGH SCHOOL CERTIFICATION:

Name of High School _____ ACT HS Code _____

Grade level: 11thGrade__ 12th Grade__ Number of Carnegie Units completed_____

COURSE SELECTION

College Course #	College Course Title	Class Time

- I have attached a copy of ACT/PLAN score(s).
- I certify that the student completing this application has permission to participate in dual enrollment at Delgado Community College.

Signature of Principal or Designee _____ Title _____ Date _____

Approval: _____
 Delgado-Advisor Signature _____ Date _____