


 Dual Credit/Concurrent HS
 Semester _____ Year _____

 Student Name: _____ High School: _____
 Brazosport College ID: _____ SSN: _____
 Date of Birth: _____ Phone: _____
 Grade: 9 _____ 10 _____ 11 _____ 12 _____ Email: _____

<u>DUAL CREDIT</u> (High School and College Credit)					<u>CONCURRENT CREDIT ONLY</u>		
REG #	College Course ID (ENGL 1234)	High School Equivalent	HS Credit	College Credit	REG #	College Course ID (ENGL 1234)	College Credit
Total College Credits					Total College Credits		

STUDENT/PARENT CERTIFICATION AND ACKNOWLEDGEMENT

The student named above has completed the necessary requirements at their high school and requests approval to enroll in the Brazosport College courses listed above while concurrently enrolled in high school. I agree to the BC Dual Credit policies, which may be found in your High School Dual Credit Guidebook, as shown in brazosport.edu/dualcredit.

 _____ / _____
 (Parent Initials) (Student Initials)

I give permission for the release of FERPA protected educational records to my parent(s) listed below:

 (Print Parent Names for FERPA Release)

 (Student Signature)

 (Date)

 (Parent Signature)

 (Date)

Information on disability services and accommodations may be found at brazosport.edu/disabilityservices.

TEXAS SUCCESS INITIATIVE (TSI) STATUS

I endorse the above named student to enroll at Brazosport College. If enrolled in Dual Credit courses, I certify on behalf of the high school that these courses are approved for high school graduation credits. The above student is Exempt /Waived from TSI testing or must pass the appropriate TSI test(s) as check below:

Exemption: ACT _____ SAT _____ EOC ALG II _____ EOC ENGL III _____

Waiver: ACT PLAN _____ PSAT _____ EOC ALG I _____ EOC ENGL II _____

TSI Assessment _____

 (Shared Counselor Signature)

 (Date)

 Completed Form Received: _____ Cleared: _____ Registered: _____ BC Registrar's Office
 Date Date Date

 (White - Brazosport College)

 (Yellow - Student)

 (Pink - High School)

 Waiver Only