

# Texas Woman's University

## High School Advantage Signature Permission Form

For Concurrent/Dual Credit Enrollment

2018-2019 Academic Year

P.O. Box 425649, Denton, TX 76204-5589 940-898-3076 (local) or 1-866-809-6130 (toll free) [OAP@twu.edu](mailto:OAP@twu.edu)

This completed application is to be submitted to the TWU Office of Admissions Processing with your official high school transcript.

### **NAME AND ADDRESS INFORMATION**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Full, Legal Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Place of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a *New* or *Returning* TWU Dual Credit Student?  **New**  **Returning**

### **Educational Data** (a new signature/permission form *must* be submitted for each academic year)

High School (name, city and state): \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Current Grade: \_\_\_\_\_

List exact titles of courses you intend to complete during concurrent/dual credit enrollment and the number of credits you will earn for each. **You must circle the term(s) in which you plan to take the course.**

Course name: \_\_\_\_\_ Credit hrs: \_\_\_\_\_ Fall Spring Summer  
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*\*Continued enrollment for students earning a D or F in dual credit courses may require additional review and approval by a school or university official.\**

### **Required for all applicants: Failure to complete, sign and date this portion will result in your application review being delayed.**

I certify that the information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at Texas Woman's University. I authorize the University to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the University in determining my admissions and residence status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment and/or disciplinary action. Pursuant to my rights under the Family Educational Rights and Privacy Act (FERPA), I consent to have my TWU academic record released to the high school for the purpose of applying the credit(s) and grade(s). I further consent to authorize the release of my TWU academic record to my parent(s) or legal guardian(s).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent/guardian approval**

This student is responsible for the payment of all tuition, fees and books, and for providing his/her own transportation (if applicable) to the courses listed in the above section. We understand that the student must abide by the University rules and regulations, and that course grades will be reported to the respective high school for dual enrollment purposes and reporting.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_ Date: \_\_\_\_\_

### **School district approval**

The above mentioned student currently maintains at least a B average and demonstrates the responsibilities necessary for enrollment into the listed course(s). By signing, I certify this student is approved to take the course(s) listed above and meets any and all prerequisites for acceptance into this course(s).

Does this student currently qualify for the Federal FREE Lunch Program?  **YES**  **NO**

Principal/counselor's printed name and title: \_\_\_\_\_

Principal/counselor's signature: \_\_\_\_\_ Date: \_\_\_\_\_