Phone: 601.403.1374
Fax: 601.403.1009
Email: distancelearning@prcc.edu

Dual Enrollment Student/Parent Agreement

Student:_____ Social Security Number:_____

School:_____

Course	Term

We, the student and parent (or guardian), agree for the named student to enroll in the Dual Enrollment Program offered in coordination with the school district and Pearl River Community College. We understand the course selection for enrollment will be authorized each term by the high school counselor for courses that are creditable toward the high school diploma.

We agree to abide by guidelines of the Dual Enrollment Program, as well as the College policies and procedures, while enrolled in PRCC. We will cooperate with both the high school and the College in fulfilling responsibilities. We understand that any courses registered for, or grades received, become a permanent part of the student's college record. At the end of each semester, we authorize PRCC to forward grades to the high school.

We understand it is the student's responsibility to receive approval from the high school counselor for permission to drop or withdraw from a Dual Enrollment course.

We certify that all the information submitted is true to the best of our knowledge. We understand that any misrepresentation of facts may result in the immediate cancellation of the student's application or registration.

_____ _____

Student's Signature Date Parent's Signature Date