

## Temple College – Dual Credit Registration Form

(Please Print in Blue or Black Ink)

Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ Grade Level \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

| Discipline<br>(ENGL) | Course #<br>(1301) | Section #<br>(1002) | Date/Time<br>(MW 8:00 am) | Location<br>(Main Campus) |
|----------------------|--------------------|---------------------|---------------------------|---------------------------|
|                      |                    |                     |                           |                           |
|                      |                    |                     |                           |                           |
|                      |                    |                     |                           |                           |
|                      |                    |                     |                           |                           |

**I acknowledge my enrollment in the above listed class(es).**

Student's signature \_\_\_\_\_

**STUDENT RECORDS RELEASE REQUEST** (optional) Temple College is limited in the information that it may provide to parents because of the Family Educational Rights and Privacy Act of 1974. If you as a student would like for your parent to be able to obtain information regarding your academic progress, please complete the information and signatures below. I give Temple College permission to release all records at Temple College (academic, disciplinary, etc.) to the person(s) listed below:

Name(s) \_\_\_\_\_

Student's Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

\* This form does not affect access to student directory information. Directory information is available to all persons unless otherwise restricted by you.

\* This release will remain in effect until specifically revoked in writing.

**PARENT/GUARDIAN:** I consent to having my child/ward enrolled in Temple College Dual Credit/Early College/Middle College Admissions Enrollment Programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### HIGH SCHOOL COUNSELOR/PRINCIPAL AUTHORIZATION

I verify that the student named above is TSI complete and meets the pre-requisites for the courses listed above. The student has my permission to enroll with Temple College for the **FALL 2015** semester.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes or Special Instructions: \_\_\_\_\_

|             |      |      |      |      |
|-------------|------|------|------|------|
| TC use only | XADV | PERC | XSPH | XRGN |
|-------------|------|------|------|------|