



ISU Office Use:
Date entered _____ Initials: _____

EARLY COLLEGE PROGRAM
DUAL CREDIT STUDENT-PARENT/GUARDIAN CONSENT FORM

This required form must be submitted in order to complete the admissions process to Idaho State University and allow a student to register for dual credit courses. Students must also complete an online Early College Program application at apply.isu.edu

Student name: (legal name) _____ Date of Birth: (mm/dd/yyyy) _____

Mailing Address: _____ City, State, Zip Code: _____

Student's Cell Phone Number: (_____) _____ Student's e-mail Address: _____

High School _____ Anticipated Graduation Date _____ Unweighted GPA _____

High School Counselor _____ Counselor email _____

Starting Semester: Fall ___ Spring ___ Summer ___ Year: _____ I will be taking classes at: High School ___ ISU Campus ___ Both ___

- Eligibility - The student understands that he or she meets all student eligibility requirements and will be admitted to ISU as a non-degree seeking ECP student.
Registration - It is the student's responsibility to register for ISU dual credit classes through BengalWeb by the established deadline for the course.
Coursework - Dual Credit courses are more rigorous and academically challenging than traditional high school courses.
Grades - The grade(s) earned for the dual credit course(s) will become a permanent part of the student's post-secondary academic record.
Credits - Credits earned under this program will be applicable toward a degree at ISU and are generally transferable to other colleges and universities.
Cost - Tuition, fees, and textbooks not covered by Advanced Opportunities are the responsibility of the student.
Access - Once the student is enrolled in a dual credit class they are considered an ISU student.

For additional information refer to the Student Guide at isu.edu/ecp

Release of Student Records:

Family Educational Rights and Privacy Act (FERPA) - Idaho State University is required by law, regardless of age, to keep student records confidential. Without student's permission, we cannot share student records with anyone but them (or appropriate college employees, high school counselors, or dual credit instructors). Initial below if you agree to allow ISU to disclose your student records to your parents or legal guardians, while you are part of the Early College Program. Without your initials, your parents/guardian cannot contact ISU on your behalf. For more information: www.isu.edu/registrar/ferpa/ []

My signature below certifies that I intend to enroll in dual credit classes, and that I understand my responsibilities as a dual credit student as outlined through the Early College Program at Idaho State University.

Student's Signature: _____ Date: _____

(Students who are eighteen years old are not required to submit a parent's signature)

The parent/legal guardian signature below certifies that the student has my permission to DocuSign this form and enroll in the Early College Program at Idaho State University until they graduate from high school and I understand my responsibility as a parent/legal guardian of a dual credit student.

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____