

ISU Office Use:	
Date entered	Initials:

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, printed):	Date of Birth: mm/dd/yyyy)		
Mailing Address:	City, State, Zip Code:	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	r Year: I will be taking classes at: High S	School ISU Campus Both	
	e or she meets all student eligibility requirements and wil lit classes at their high school or at one of the ISU college		
	lity to register for ISU dual credit classes by the establish course by the established deadline for the course, should ges.		
	e rigorous and academically challenging than traditional l ding scale, assessments, and other required collegiate mat abus.		
	redit course(s) will become a permanent part of the student e financial aid. Grading scales may vary among ISU depart		
• Credits – Credits earned under this program	n will be applicable toward a degree at ISU and are general to ensure the course(s) taken are transferable to the colle		
 Cost and Financial Agreement –Tuition, for student withdraws from a course, they are re- obligations are payable by the student and/of- financial hold being placed on the student's 	rees, and textbooks not covered by Advanced Opportunities esponsible for paying for a course and subject to Advance or parent/legal guardian if the student is a minor. Students account preventing registration from future classes, requedu/media/libraries/finance-and-business-affairs/student-second	ed Opportunities policy. Financial agree that any monies due will result in a esting transcripts or receiving a diploma.	
• Access – Once the student is enrolled in a de Bengal card, ISU email, and all policies affe	ual credit class they are considered an ISU student. They ecting ISU students will apply.	will have access to ISU support services,	
	itional information refer to the Student Guide at isu.edu/e	еср	
confidential. Without student's permission, we ca counselors, or dual credit instructors). Initial belo	ERPA) – Idaho State University is required by law, regardannot share student records with anyone but them (or approximately on agree to allow ISU to disclose your student record your initials, your parents/guardian cannot contact ISU	ropriate college employees, high school ords to your parents or legal guardians, while	
My signature below certifies that I intend to enro outlined through the Early College Program at lo	oll in dual credit classes, and that I understand my res daho State University.	ponsibilities as a dual credit student as	
Student's Signature:		Date:	
(Students who are eighteen years old are not requ	ired to submit a parent's signature)		
	fies that the student has my permission to enroll in the and I understand my responsibility as a parent/legal g		
Parent/Guardian Name: (Please print)	P	Phone Number:	
Parent/Guardian Signature		Date:	