

Early Admissi	ons Contract
Dual Credit/C	oncurrent HS
Semester	Year

Student Name:				_ Hig	High School:				
Brazosport College ID:			SSN:						
Date of Birth:			Phone:						
Grade:	9 10	11 1		Em	ail:				
DUAL CREDIT (High School and College Credit)					COLLEGE CREDIT ONLY				
REG#	College Course ID (ENGL 1234)	High School Equivalent	HS Credit	College Credit	REG#	College Course ID (ENGL 1234)	College Credit		
	Total College Credits					Total College Credits	L		
STUDENT/PARENT CERTIFICATION AND ACKNOWLEDGEMENT The student named above has completed the necessary requirements at their high school and requests approval to enroll in the Brazosport College courses listed above while concurrently enrolled in high school. I agree to the policies on Dual Credit enrollment at BC as shown in http://www.brazosport.edu/dualcredit/Pages/MeetOurDualCreditCounselors.aspx I also give permission for the release of FERPA protected educational records to my parent(s) listed below: [Print Parent Names for FERPA Release] [Student Signature] (Date) (Parent Signature) (Date)									
Parent/Guardian: Can we email you with Dual Credit Updates? Y or N (Parent/Guardian Email Address)									
TEXAS SUCCESS INITIATIVE (TSI) STATUS I endorse the above named student to enroll at Brazosport College. If enrolled in Dual Credit courses, I certify on behalf of the high school that these courses are approved for high school graduation credits. The above student is Exempt /Waived from TSI testing or must pass the appropriate TSI test(s) as check below: Exemption: ACT SAT EOC ALG II EOC ENGL III Waiver: ACT PLAN PSAT EOC ALG I EOC ENGL II TSI Assessment (Shared Counselor Signature) (Date)									
Completed Form Received: Date Date Date (White—Brazosport College) (Yellow—Student) Waiver Only									