

Student Enrollment Form

Dual Credit/Dual Enrollment Program – Summer Session



STUDENT PERMISSION (To be completed by student – Please Print)

Student Name: _____

Birthdate: _____

High School: _____

Graduation Yr: _____

I request enrollment in the HCC courses listed below:

ENROLLMENT INFORMATION	
SUMMER: 20_____	
Course: _____	[] <i>H.S. Credit also</i>
Course: _____	[] <i>H.S. Credit also</i>
Course: _____	[] <i>H.S. Credit also</i>

- ☐ I understand that this is a college course, and therefore materials, coursework and subject matter will be at the college level.
- ☐ I understand that I must arrange to have my high school transcripts sent to Heartland Community College if requested.
- ☐ Heartland Community College has my permission to share information regarding my performance with my parent(s)/guardian(s) and/or high school.

Student Signature: _____

Date: _____

PARENT/GUARDIAN PERMISSION (To be completed by parent/guardian)

I give permission for the above student to register in Heartland Community College's **College N.O.W.** Program. I understand that this is a college course, and materials, coursework and subject matter will be at the college level. By registering for classes at Heartland Community College, students and their parents or legal guardians are accepting financial responsibility for the cost of educational services provided and will adhere to the terms outlined in Heartland's financial responsibility agreement.

Parent/Guardian's Name: _____

Parent/Guardian's Street Address: _____

City & Zip Code _____

Parent/Guardian Signature: _____

Date: _____



HEARTLAND
COMMUNITY COLLEGE

**Bring this completed form with you to
meet with a Heartland Academic Advisor!**