



High School Counselor/ Parental Consent Form

INSTRUCTIONS

By taking this course, the student is enrolled as a non-degree student for this course only. Acceptance into this course does not guarantee admission to Boyce College as a regular, degree-seeking student in future semesters. Students who desire to attend Boyce College as a regular student in a future semester will be required to complete the full Boyce College application for admission.

- 1) **ELIGIBILITY:** All applicants must be at least 15 years of age and any applicant under 18 years of age must have a parent or legal guardian complete this form to give consent for the student to receive college credit for any course. For High School Dual Enrollment courses, applicants must be in 9th-12th grade.
- 2) **CREDIT TRANSFER:** For students intending to transfer Boyce coursework to other institutions, the student is responsible for assuring that credit for classes taken at Boyce will be accepted as transfer credit by those institutions.
- 3) **CONTACT INFORMATION:** Should you require additional assistance, Admissions counselors are available to assist you Monday-Friday, 8:30 am-4:30 pm Eastern Standard Time.

Boyce College Admissions Office

Toll Free 1.800.626.5525 ext. 4201 **Fax** 502.897.4723

Email boyceadmissions@sbts.edu

Address Admissions Office
2825 Lexington Road
Louisville, KY 40280

STUDENT INFORMATION

Full name _____
Last First Middle Name usually used

Date of Birth _____ Social Security Number _____ - _____ - _____

*A Social Security Number is used to create their student record. By providing this, the student also may qualify for a federal tax tuition credit.

Program of Application High School Dual Enrollment Partner Program Course

If enrolling in a Partner Program Course, please select the program

Whitfield Academy GMAA Event D3 Youth Event Somerset Christian Academy

Renown Event Other _____
List other program

Semester Start Date Fall Spring Summer

Year Start Date 2013 2014 2015

PARENT/LEGAL GUARDIAN INFORMATION

*Required only for students under 18 years of age.

Full name _____
Last First

Phone _____ Email _____

By signing this form I give my consent for the student mentioned above to take a course offered by Boyce College and to provide the tuition payment.

Signature _____ Date _____

HIGH SCHOOL COUNSELOR/HOMESCHOOL INSTRUCTOR INFORMATION

*Required only for High School Dual Enrollment students.

Full name _____
Last First

Phone _____ Email _____

Your Signature indicates Boyce College courses can fulfill high school credit at the applicant's school and the applicant possesses the academic ability to complete college level coursework This also affirms the students meets the grade level requirement as stated above.

Signature _____ Date _____