

Dual Enrollment Authorization Form

Student Name:	
Program Selection:	
Dual Enrollment: Courses count towards both Hi	igh School and College Credit.
Early-College: Courses count as College Level C	Credits ONLY.
tuition & fees for these course(s) will be charged to my student a begin my college-level transcript. I understand that if I withdraw	the university course(s) I select from the list above. I understand that account. I understand that by taking these university course(s), I will from any of the above-listed course(s), I must complete the process ulure to withdraw from a university course in the correct manner may vely impact financial aid eligibility.
Student Signature:	Date:
tuition & fees for these university course(s) will be charged to me course(s) my son/daughter will begin their college-level transcrip	y son/daughter is enrolling in university course(s). I understand that my son/daughter's student account. I understand that by taking these pt. I understand that if my son/daughter withdraws from any of the done incorrectly, a grade of 'F' may appear on their college-level
Parent/Guardian Signature:	Date:
As the high school principal (or designee), I confirm that the student permission for them to be admitted and enrolled in dual-credit course.	
School Official Signature:	Date:
School Official Signature:	Date:

UPLOAD this completed document when you apply for admission at https://apply.fairmontstate.edu/register/FastTrack

OR send this form to the following email address: Admissions@fairmontstate.edu

 $\textbf{Dual Enrollment Program Coordinator}, Scott\ Phillips, \underline{scott.phillips@fairmontstate.edu}$

