



**DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
4800 MARK CENTER DRIVE
ALEXANDRIA, VA 22350-1400**

CONSENT/ APPROVAL

DoDEA DUAL ENROLLMENT

PART A.

PARENT / SPONSOR INFORMATION

Parent/Sponsor: First Name: _____ Last Name: _____

Child Name: First Name: _____ Last Name: _____

My signature below indicates that I authorize my child who is enrolled or will be enrolled in (pick one) 11th Grade 12th Grade at [name of school] _____ to participate in Dual Enrollment and that I understand and agree that I am financially responsible for any and all associated costs associated with the following enrollment:

PART B: PARENT CONSENT TO ENROLLMENT

During semester and year: FALL 20____ SPRING 20____ SUMMER 20____

- (select a or b) a. to engage in post-secondary courses during the school day,
- b. to obtain dual credit, simultaneously earning college credit and DoDEA high school credit for the following courses.

	College or University	Course Title	Course Number	Credit Hours (choose an item)	Course offering: (choose an item)	Credit Type (choose an item)	Request dual credit for the following DoDEA course
1				<input type="checkbox"/> 3 college semester hours <input type="checkbox"/> 4 college semester hours <input type="checkbox"/> College quarter hours	<input type="checkbox"/> In person <u>during</u> school hours <input type="checkbox"/> In person <u>after</u> school hours <input type="checkbox"/> Virtually <u>during</u> school hours <input type="checkbox"/> Virtually <u>after</u> school hours	<input type="checkbox"/> College credit only <input type="checkbox"/> Dual credit (college and DoDEA high school credit)	
2				<input type="checkbox"/> 3 college semester hours <input type="checkbox"/> 4 college semester hour <input type="checkbox"/> College quarter hours	<input type="checkbox"/> In person <u>during</u> school hours <input type="checkbox"/> In person <u>after</u> school hours <input type="checkbox"/> Virtually <u>during</u> school hours <input type="checkbox"/> Virtually <u>after</u> school hours	<input type="checkbox"/> College credit only <input type="checkbox"/> Dual credit (college and DoDEA high school credit)	

PART C: PARENT/SPONSOR ACKNOWLEDGEMENT AND CONSENT TO CHILD AGREEMENT:

I have discussed with my child the following agreement, and I consent to the below:

1. I understand that the courses I am requesting approval to attend meet the same level of rigor as the course taught to traditional students at the post-secondary institutions.
2. I understand that I am responsible for admission to an accredited college where I intend to enroll in coursework.

3. I understand that DoDEA is not responsible for any cost associated with dual enrollment, whether the credit is/is not used as a substitute for DoDEA graduation requirements.
4. I understand that it is my responsibility to register for course(s) within the timeframe mandated by the college or university.
5. I understand that I am responsible for submitting all required documentation to my high school for dual enrollment and / or dual credit.
6. I understand that I need to earn a passing grade of 2.0 or better on a transcript provided by the college or university. I also understand the grade(s) I earn in a dual enrollment class will become a part of my official college academic record. Once I submit the college and/or university transcript, the grade will not be weighted nor calculated into the student grade point average.

Signature of Student

Date

II. PARENT / SPONSOR AGREEMENT

As a parent/sponsor I understand that my duties related to this dual enrollment are to:

1. Ensure my child completes all the admission application requirements to be admitted to an accredited college where s/he is intending to enroll for coursework, and to obtain a letter of admission.
2. Pay for all tuition and class materials for my child to enroll in college and university courses whether the credit is/is not used as a substitute for DoDEA graduation requirements.
3. Ensure my child submits the following documents to the school prior to the semester (fall/spring) of dual enrollment, to include:
 - A copy of his/her admission letter.
 - A copy of his/her college course enrollment.

- A course description or syllabus for each course for which he/she is applying for dual enrollment.

I further acknowledge that dual enrollment may not be granted by the school until the above three documents have been provided to the school.

Signature of Parent/ Sponsor

Date

PART D: HIGH SCHOOL APPROVAL

- This student meets the criteria for Dual Enrollment and the requested post-secondary institution is recognized by the Department of Education and is acceptable.
- This student does not meet the criteria for Dual Enrollment but is approved for enrichment for college credit where the requested post-secondary institution is recognized by the Department of Education and is acceptable.

Signature of Principal

Date