

## **High School Dual Enrollment Permission Form**

Academic Year
Semester
Are you a Kansas resident? □Yes □No
Are vou an Oklahoma resident? ⊓Yes ⊓No



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Р	lease	Print	Ν	ΔN	ЛF

LAST	FIRST				Middle									
Date of Birth (Month/D	ay/Year)													
Email	Cell	Cell Phone			Alternate phone									
Street Address	City				StateZ					ZIP				
Date Kansas residenc	y began	L	egal Co	unty of residence	:e						_			
High School:			Anticipated HS Graduation Date:											
Cowley College may re College to discuss your permission by submitt	r academic and fina	ancial records witl	h your p	arent/guardian yo	ou (th	e st					-			
Student: I certify that the inform assessment and progra Failure on my part to my dismissal from the programs of the programs of the programs.	nm standards that I naintain minimum į	must adhere to in	order to	be accepted, and	l rem	ain iı	n cou	rses	at Co	wley	College.			
Student signatur	·e						Da	ate_						
Parent signature  High School Principa I certify that the above must be attached) that academic year. I under student dismissal from	II: -named student is specifies college sollege solleg	enrolled as at leas tudy, and has pern by the student to co	t a high : nission t	school sophomore o enroll at Cowley	e, or is	s cer	<b>D</b> atified	ate_ as " lege	gifted cred	d" witl lit duri	h an IEP (coping the stated			
Principal signatu	re						D	ate						
			Credit c			Day					Location			
Course ID	Course	Title	Hours	Time of Class	М	Т	Day T W		F		LOCATION			
High School counselor										t to ve	erify minimun			
GPA:	H.S. Counselo	r signature:								D	ate			
ational Program: Inte					OGRAM NAME: Locat						ocation: □ AC □ MU □ W			
and the state of t	ernal Use Only	PROGRAM NA	ME: _			I	ocati	ion:	$\Box$ A	C [	□ MU □ V			