



High School Dual Enrollment Permission Form



Academic Year: _____

Semester: _____

Please print using blue or black ink only.

Last Name _____ First Name _____ Middle _____

Date of Birth (Month/Day/Year) _____

Email _____ Cell Phone _____ Alternate phone _____

Street Address _____ City _____ State _____ ZIP _____

Name of High School _____ Anticipated HS Graduation Date: _____

Student Status: [] Junior [] Senior [] Other: _____

Residency: Kansas Resident? [] Yes [] No | Attending a Kansas HS? [] Yes [] No

Cowley College may release your college grades and academic record to your high school. However, in order for Cowley College to discuss your academic and financial records with your parent/guardian, you (the student) must first grant permission by submitting the FERPA Permission form found in your Cowley Connect account.

Students who have previously failed the same or a substantially similar Excel in CTE course or who have failed two Excel in CTE courses overall will not be eligible for the Excel in CTE rate.

Student: I confirm that the information I provided on this form is correct. I understand that I must meet certain assessment and program requirements to be accepted into a program at Cowley College and to stay enrolled. If I do not meet these requirements or follow college and program rules, I may be removed from the program.

Student Signature _____ Date _____

Parent: I understand that my student is enrolling in college courses and that I am responsible for all related costs by the first day of class. I understand that we are responsible for knowing important dates, including the last day to receive a refund and the last day to withdraw from classes. I also understand that past-due accounts will be charged a 14% fee. We agree to conduct all business electronically.

Parent Signature _____ Date _____

School Personnel: I confirm that the student named above is enrolled as a high school senior, junior, sophomore, or is identified as “gifted” with an IEP that allows for college coursework (a copy of the IEP must be included). I also confirm that the student has permission to enroll at Cowley College for college credit during the listed academic year. I understand that if the student does not follow college or program requirements, they may be removed from the concurrent enrollment program.

Counselor Signature _____ Date _____

High School Principal Signature _____ Date _____

Counts for high school credit	Course ID	Course Title	Credit Hours	Time of Class	Day					Location
					M	T	W	R	F	

- **GPA:** _____ : (Subject to the satisfaction of established assessment criteria)
 - Vocational (2.0+) [] Yes [] No
 - Academic (2.75+) [] Yes [] No
- **Graduation Progress:** Student has earned at least 1/2 of the required graduation credits? [] Yes [] No
 - Counselor Initials: _____ (Transcript must be attached)

(Students who have not yet earned at least half of their graduation credits will be required to pay the standard high school tuition rate for those courses.)

Please provide all requested information to avoid delays in processing your dual enrollment application.

The names entered above are considered electronic signatures.

Revised 4/27/26