

Texas Woman's University

Dual Credit Permission Form

For Dual Credit Enrollment

2024 - 2025 Academic Year

P.O. Box 425649, Denton, TX 76204-5589 940-898-3076 (local) or 1-866-809-6130 (toll free) OAP@twu.edu This completed application is to be submitted to the TWU Office of Admissions Processing with your official high school transcript.

NAME AND ADDRESS INFORMATION

Social Security Number: _____ - ____ - _____ Date of Birth (month/day/year): ____/____/____ Full, Legal Name: _____ Gender: _____
_____ Male _____ Female Place of Birth: _____ Address: _____
_____ Apt # _____ City: _____ County: _____
_____ State: _____ ZIP: _____ Country: _____ Home phone: _____ Cell phone: _____ Email: _____
Emergency contact: _____ Relationship: _____
Phone: _____ Email: _____

Are you a *New* or *Returning* TWU Dual Credit Student? New Returning

Educational Data (a new signature/permission form *must* be submitted for each academic year)

High School (name, city and state): _____
Overall GPA: _____ Current Grade: _____

List exact titles of courses you intend to complete during concurrent/dual credit enrollment and the number of credits you will earn for each. **You must circle the term(s) in which you plan to take the course.**

Course name: _____ Credit hrs.: _____ Summer Fall Spring
Course name: _____ Credit hrs.: _____ Summer Fall Spring
Course name: _____ Credit hrs.: _____ Summer Fall Spring
Course name: _____ Credit hrs.: _____ Summer Fall Spring
Course name: _____ Credit hrs.: _____ Summer Fall Spring

Continued enrollment for students earning a D or F in dual credit courses may require additional review and approval by a school or university official.

Required for all applicants: Failure to complete, sign and date this portion will result in your application review being delayed. I certify that the information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at Texas Woman's University. I authorize the University to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the University in determining my admissions and residence status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment and/or disciplinary action. Pursuant to my rights under the Family Educational Rights and Privacy Act (FERPA), I consent to have my TWU academic record released to the high school for the purpose of applying the credit(s) and grade(s). I further consent to authorize the release of my TWU academic record to my parent(s) or legal guardian(s).

Student's Signature: _____ Date: _____

Parent/guardian approval

This student is responsible for the payment of all tuition, fees and books, and for providing his/her own transportation (if applicable) to the courses listed in the above section. We understand that the student must abide by the University rules and regulations, and that course grades will be reported to the respective high school for dual enrollment purposes and reporting.

Parent/guardian signature: _____ Date: _____
Parent/guardian printed name: _____ Date: _____

School district approval

The above mentioned student currently maintains at least a B average and demonstrates the responsibilities necessary for enrollment into the listed course(s). By signing, I certify this student is approved to take the course(s) listed above and meets any and all prerequisites for acceptance into this course(s).

Does this student currently qualify for the Federal FREE Lunch Program? YES NO

Principal/counselor's printed name and title: _____
Principal/counselor's signature: _____ Date: _____