## LEE COLLEGE

## DUAL ENROLLMENT REQUEST FORM

PLEASE USE ONLY BLUE OR BLACK INK

Academic Year:		Graduation Year:			
Last Name :( Please print)		First Name:		High School:	
Lee College ID or SSN:		Date of Birth:		Phone Number:	
SUMMER I			SUMMER II		
Course Registration Number, ex. REG #	Course #, ex. MATH 1314	Course Title, ex. College Algebra	Course Registration Number, ex. REG #	Course #, ex. MATH 1314	Course Title, ex. College Algebra
with stated high schoterm. We understand high school and posts fulfilling student resphigh school and collect school, including the approval from the high school from the high s	ol and postsecondar that all prerequisite secondary policies and consibilities. We und- ge record. At the end se for courses that gh school representa all tuition, fees, and the Lee College Educ the Dual Enrollment tify that all the info	y institution. We understate requirements, including and codes of conduct. We werstand that any courses read of each semester, we authorize not a part of this agretive for permission to droubook cost if not provided bation Center-South Liberty Program are integrated in	nd the high school reprassessment and course will cooperate with bot egistered for, or grades norize the postsecondar eement. We understan up or resign from the coy our high school. Colled County may be taught course with mainstrear application is true to the	esentative will author placement must be right the high school and earned, become a pery institution to send a different that it is the studiourse(s) listed above age courses taught on in mixed student claim adult Lee College State best of our knowled.	ogram offered in coordination orize course selection for each met. We agree to abide by the d postsecondary institution in armanent part of the student's all grades to the postsecondary ent's responsibility to receive. We understand that it is our the Lee College Main Campus, ass where high school students Students. We, the student and edge. We understand that any
Student Signature		Date	Parent Signature (if student is under 18 years)  Date		
High School Representative Signature		Date	High School Representative Name (print/type)		

For more information or questions regarding the Dual Enrollment Program, please contact the Dual Enrollment Office at 281-425-6295.