

DUAL ENROLLMENT HIGH SCHOOL AUTHORIZATION FORM

Student must present the completed Authorization of Attendance form at the time of registration at Moraine Valley Community College.
Student must be at least 16 years old at the time of registration and have completed dual enrollment orientation at the time of registration

PART A—To be completed by high school student (Please print.)

Name _____

Social Security Number _____ If None ☐

Address _____ Apt _____

City _____ State _____ ZIP Code _____ County _____

Telephone (_____) _____ Date of Birth ____/____/____ ☐ Female ☐ Male

High School _____ Expected High School Graduation Date _____

MVCC Student ID _____ Personal Email _____

Parent Name _____ Parent Email _____

Parent Phone Number _____

Semester of Authorized Attendance at Moraine Valley Community College (check one and indicate year.)

☐ Fall semester _____ ☐ Spring semester _____ ☐ Summer semester _____

This is my first college-level credit class at Moraine Valley. ☐ Yes ☐ No

A form must be completed for each semester of attendance.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

There is no guarantee that spaces will be available in the desired class. Please have alternate class choices selected prior to registration.

By his/her signature, the student waives the right to privacy and grants Moraine Valley officials permission to share information regarding that student's education records with his/her parents, legal guardians and/or high school. The student also understands that as a Dual Enrollment student, all courses taken will become part of the student's permanent college record and be reflected on the student's official transcript. He/she is responsible for withdrawing from a course by the established deadlines and maintain a minimum 2.0 GPA to prevent any limitations to their ability to receive financial aid once he/she enters college.

Certifications and Signatures

FEDERAL WARNING: Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$10,000 or imprisonment of up to five years or both under provisions of the U.S. Code.

I declare under penalty of perjury that all information reported on this form and all the information reported on the Free Application for Federal Student Aid which will be used to qualify for state and federal student aid is true, complete, and accurate.

I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.

Confidential when completed.

DUAL ENROLLMENT HIGH SCHOOL AUTHORIZATION FORM *(cont.)***PART B—TO BE COMPLETED BY HIGH SCHOOL PERSONNEL**

Please indicate the course(s) title, course number, section number and credit hours.

(example: COM-101-001 – 3 credits)

Student's Current Overall GPA _____

Name (printed) _____

Signature _____ Date _____

Title _____

High School _____

High School Contact Phone # _____

