

EARLY COLLEGE CREDIT APPLICATION

	I. STUDENT INFORMATION This section completed by student / parent	
--	---	--

Student Name First, Middle, Last	Student's Birthdate Mo./Day/Yr.	Gender M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
----------------------------------	---------------------------------	--

Parent/Guardian Name First, Last

Address Street, City, State, Zip, County
--

Student Phone Area/No.	Student Email
------------------------	---------------

Parent/Guardian Phone Area/No.	Parent/Guardian Email
--------------------------------	-----------------------

High School Student Attends

Check if Alternate	Herzing University Course Name	College Course Number	No. of College Credits	Comparable HS Course Offered ?		Approved for HS Credit	No. of HS Credits
				Yes	No		

	III. STUDENT & PARENT / GUARDIAN SIGNATURES This section completed by student / parent	
--	--	--

STUDENT SIGNATURE—IN SIGNING THIS DOCUMENT, I acknowledge the following:
 x I understand and will comply with the assurances and conditions outlined in "Student/Parent Specific Responsibilities".
 x I authorize the high school and Herzing University to share course and grade information.

Student Signature Required 3/4	Date Signed Mo./Day/Yr.
---------------------------------------	-------------------------

PARENT/GUARDIAN SIGNATURE—Required if student is under 18.
 x I understand and will comply with the assurances and conditions outlined in "Student/Parent Specific Responsibilities".
 x I authorize the high school and college to share course and grade information.

Parent/Guardian Signature Required

Date Signed Mo./Day/Yr.

3/4

IV. STUDENT NAME

This section completed by student / parent

Student Name First, Middle, Last

V. HIGH SCHOOL BOARD APPROVAL

This section completed by district No /T46