Dual Enrollment Approval Form
Public Schools

RETURN FORMS TO:
UA Early College
BOX 870365
Tuscaloosa, Alabama  35487
Fax: (205) 348-3165
Email: earlycollege@ccs.ua.edu

STUDENT INFORMATION
Student’s First Name ____________________________________________
Student’s Last Name ____________________________________________
CWD ____________________________________________
Crimson Email ____________________________________________
High School Name ____________________________________________
Graduation Date ____________________________________________

APPROVED COURSES

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AUTHORIZED SIGNATURES
I hereby agree that the above student has an overall B average and has met all other enrollment criteria for Dual Enrollment program and is granted permission to enroll in the courses listed below with The University of Alabama - UA Early College:

Counselor’s Signature ____________________________________________
Print Name ____________________________________________
Counselor’s Email ____________________________________________

According, the Alabama Administrative Code, Rule No. 290-3-1-.02, if the school systems allows dual enrollment for English 11 and English 12, the school system can decide how credit for English 11 and English 12 is awarded. Initial by the option that applies to your school district:

_____ EN 101 + Locally document literature to match student’s grade level literature = English 11 or English 12 based on student’s grade level
_____ EN 102 + Locally document literature to match student’s grade level literature = English 11 or English 12 based on student’s grade level
_____ EN 101 + EN 102 = English 11, then 2 postsecondary-level literature for English 12

UA Early College does offer a literature component that meets the high school state standard for American literature for English 11 and British literature for English 12. We will document on the academic record that the student did complete the literature component.

Principal’s Signature ____________________________________________
Print Name ____________________________________________

RELEASE OF RECORDS

I authorize The University of Alabama to release my academic record each term to my high school. This release is counter signed by my parent or legal guardian, if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the UA Early College office to discontinue the release. I understand that I am subject to the Federal Education Rights and Privacy Act of 1974 (FERPA).

Student Signature ____________________________________________
Date ____________________________________________

Parent/Guardian Signature ____________________________________________
Date ____________________________________________