Accelerated Enrollment Authorization Form

Jefferson State Community College
Dual Enrollment

THIS SECTION TO BE COMPLETED BY THE STUDENT

Name: _____ Date of Birth: _____
Last First MI

High School Name: _____ Grade Level for Enrollment Term: _____

Initial next to each statement to indicate that you have read and understand the information presented. (INITIALS REQUIRED: Form will not be processed with X or ✓.)

- This is a college course. Materials and coursework will be at the college level. _____ **(student initials)**
- The transferability of classes as well as the opportunity to receive future federal financial aid and scholarships may be in jeopardy if my grade point average drops below a "B" average. _____ **(student initials)**
- The grades earned in college courses will remain on my permanent college transcript. _____ **(student initials)**
- If I have a disability and require accommodations, I must file the appropriate documentation with the ADA Accommodations office before accommodations can be made. _____ **(student initials)**
- According to the Family Educational Rights and Privacy Act (FERPA), all rights of access to a student's educational records transfer from the parent(s) to the student when the student becomes 18 years of age **OR** is enrolled in a institution of postsecondary education. Jefferson State Community College shall obtain appropriate consent (Student Disclosure Form) from students before disclosing any information from a student's educational record (including information about enrollment status and tuition bill). The Student Disclosure (FERPA Waiver) form can be found at www.jeffersonstate.edu/forms. _____ **(student initials)**

Semester (check one): Fall ___ Spring ___ Summer ___ Year: 20 _____

Course Name & Number	***Campus** (See campus codes below)	**Instructor** (Optional)	****CRN** (Required for classes on a JSCC campus)	****Class Time** (Required for classes on a JSCC campus)
Ex. ENG 102	***JC***		***20316***	***MW 8:30 – 9:15***

***Campus Codes:** JC = Jefferson Campus on Carson Rd. SH = Shelby-Hoover Campus ON = Online
PC = St. Clair-Pell City Campus CC = Chilton-Clanton Campus

The **CRNs (the 5-digit course registration number) and **class times** can be found on the course schedule by going to www.jeffersonstate.edu and selecting "Class Schedule" at the top of the homepage under the search box.

_____ _____
STUDENT Signature Date

THIS SECTION TO BE COMPLETED BY A HIGH SCHOOL COUNSELOR OR SCHOOL ADMINISTRATOR

The signature below indicates this student meets the enrollment criteria and is approved by their high school for admittance into the Accelerated Enrollment program at Jefferson State Community College. **Approval from secondary school officials indicates that the student has demonstrated both academic readiness and social maturity.**

_____ _____
High School Counselor OR School Administrator Date

Jefferson State Community College's Statement of Equal Opportunity can be found at www.jeffersonstate.edu/de.