



Return form to: Columbia State Community College
 Office of Admissions
 1665 Hampshire Pike
 Columbia, TN 38401
 TDD Relay Number: 800-848-0298
 Phone: 931-540-2790
 Fax: 931-560-4125

Parental / Guardian Consent:

I give permission for _____ to take Dual Enrollment classes with
(print applicant's name)

Columbia State Community College. I understand that grant or other financial support for Dual Enrollment may not completely cover costs. I understand that I will be responsible for payment of tuition, fees, books, and any other materials and expenses associated with these classes. I understand that, due to federal regulations, federal aid (such as Pell grant) and regular college scholarships are not available for Dual Enrollment students.

I understand that account billing will occur through email notifications, and no paper bills will be mailed. I understand that to ensure prompt account information is received, I can provide an email address for the person responsible for this student's billing account.

 Parent/Guardian Signature

 Date

 Billing Email Address *(please print)*

Applicant Consent:

I give my permission for Columbia State Community College to release information to

_____ and/or _____, my legal guardian(s),
 regarding attendance, final grades, dual enrollment grant and fee payment information until high school graduation.

 Applicant Signature

 Date

Principal / Guidance Counselor Consent:

- I certify that the above named student has my permission to participate in the Dual Enrollment program provided by Columbia State Community College.
- This student's Grade Point Average (GPA) is _____ on a 4.0 scale.
- I understand that I must provide an official high school transcript and National ACT/PLAN/SAT scores.
You may fax (931-560-4125) directly to Admissions, mail or send with student in a sealed, unopened envelope and transcripts, scores and the consent form.

 Principal or Guidance Counselor

 Date