



CONCURRENT/DUAL ENROLLMENT AGREEMENT

ADAMS STATE UNIVERSITY

Student: You have indicated that you are interested in taking a course at Adams State University. Persons under 21 years of age who are enrolled in the 9-12 grade in a school district and who demonstrate academic preparedness are eligible for Concurrent/Dual Enrollment programs. Concurrent/Dual Enrollment students may earn both high school and college credit for the same course, and the students' share of college tuition may be paid by the school district under the concurrent program. Students in 12th grade may enroll in developmental education courses, if approved by their school district. High school students who are retained for instructional purposes beyond the 12 grade may not enroll in more than nine college credits concurrently during the following year. To enroll in a course at an eligible postsecondary institution, a student must have completed the minimum course prerequisites and all required assessments.

Questions? www.adams.edu/collegehs or call 719.587.7712 or 719.587.7671

SECTION A: To be completed by the Student (PLEASE PRINT)

Name _____ Semester _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Date of Birth _____

E-mail address _____ Term: (circle) Fall Spring Summer Academic Year _____

High School Graduation Year (circle) 2018 2019 2020 2021 Test(s) you have taken (circle) ACT Accuplacer SAT EPE MPE ALEKS

High School _____ SASID _____

Social Security Number _____

Program of study: Associate of Arts Associate of Science Bachelor of Arts _____

Race

- Hispanic or Latino
 Not Hispanic or Latino

Ethnicity

- American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian/Pacific Islander
 White

Gender

- Male
 Female

Citizenship

I am a citizen of the United States Yes No

RESIDENCY INFORMATION -Completion of all questions in this section is required.

PLEASE USE PARENT/GUARDIAN INFORMATION

Dates of continuous physical presence in Colorado (mo/yr) From _____/_____/_____ to _____/_____/_____

Dates of extended absences (more than one month) from CO From _____/_____/_____ to _____/_____/_____

Reason for absence _____

List the last 3 years Colorado income taxes have been filed _____, _____, _____

Dates of employment in Colorado From _____/_____/_____ to _____/_____/_____

Date Colorado Driver's License was first issued (mo/yr) _____

Date current Colorado Driver's License was issued (mo/yr) _____

List last 3 years of Colorado Motor Vehicle registration _____

Date of Colorado Voter Registration (mo/yr) _____

Date of purchase or lease of any Colorado residential property (mo/yr) _____

If your parents are separated or divorced, which one lives in Colorado? _____

SECTION B: To be signed by the Student and the Student's Parent or Guardian

Attention Student and Parent or Guardian: Your signature below indicates that you wish the above-named student to participate in the Concurrent/Dual Enrollment Program and that you agree to the following:

1. The Student received advice and counsel about participating in the Concurrent/Dual Enrollment Program from his or her high school.
2. The Student must meet the same prerequisites and course expectations as all other college students in a course, as noted in the 2016-17 catalog and the course syllabus.
3. The grade received in each course will appear on the Student's official high school and college transcripts.
4. College course credits may transfer in congruence with the Colorado GT Pathways or articulation agreements if the Student earns a "C-" or better in the course.
5. If the Student seeks to add, drop or withdraw from a college course, he or she must meet with the High School Counselor and notify the college Concurrent/Dual Enrollment staff.
6. If the Student withdraws from a course after the drop/add deadline stated per semester Adams State University will record a "W" or "F" on his or her college transcript.
7. If the Student receives a grade of "F" or an "Incomplete" or withdraws from the course after the drop/add deadline, the Student and the Student's Parent or Guardian may be required to pay the school district or Adams State University for the cost of the course.
8. The Student may not enroll in a course under the Concurrent/Dual Enrollment Program unless it fits with his or her Individual Career & Academic Plan (ICAP/PEP).
9. Only courses that apply toward a college degree or certificate, or (for 12th graders only) that qualify as developmental education courses, are covered under the Concurrent Enrollment Program.
10. The Student may not enroll in a course under the Concurrent Enrollment Program unless it is approved by the School District.
11. In compliance with the Family Educational Rights & Privacy Act (FERPA) of 1974, the Student gives Adams State University permission to report absences and disciplinary issues, and to release grades, transcripts, in progress grades, class schedules, and billing information, as available, to the School District for the courses covered under the Concurrent/Dual Enrollment Program.
12. I understand that unless I am eligible for a PELL grant, I am responsible for any charges the school district does not pay, this includes but not limited to tuition, course specific fees, lab fees, parking charges, violations, college services fees and late fees.
13. I grant permission for Adams State University and/or its agents to contact me using any method available but not limited to the use of email, automated dialers and any information furnished the university which may include my cell telephone number, home telephone number or work telephone number.
14. I understand that I will not be allowed to register or receive transcripts until account is paid in full.
15. I understand that unpaid accounts may be reported to a credit bureau and/or assigned to a collection agency within 30 days of the end of the semester.
16. I agree to pay reasonable collection fees associated with such referral including but not limited to attorney and court fees.

FOR STUDENTS TAKING COURSES ON THE ASU CAMPUS THROUGH THE STATEWIDE CONCURRENT PROGRAM:

17. The student must apply for the College Opportunity Fund (COF) before enrolling in any Concurrent Enrollment Course. This can be done online at <https://cof.college-assist.org/>.
18. The student authorized use of his or her COF stipend for all eligible credits for the semester stated above and all future semesters. College-level credits used will be deducted from the Student's COF lifetime account.

FOR STUDENTS TAKING VIDEO DELIVERED, ONLINE, OR COLLEGE AT HIGH SCHOOL COURSES:

19. The student is not eligible for the privileges of a college student, i.e., they may not participate in college activities or sports.
20. This application entitles me to enroll as a dual enrollment student and does not admit me into the University or a degree program.
21. It is my responsibility to check the email address provided as well as my Grizzlies email address inbox, spam and/or junk folders regularly for official ASU correspondence.

I understand and will abide by all of the statements in Section B.

Student Signature

Date

Parent/Guardian Signature

Date

Print Name

Social Security Number

Print Name

Social Security Number

CHECKLIST

New Students must have the following to enroll as a student in a college class:

- _____ This application/registration form including ALL signatures
- _____ COF Verification (FOR STUDENTS TAKING COURSES ON THE ASU CAMPUS)
- _____ Qualifying ACT, SAT, EPE, MPE, Accuplacer or ALEKS Scores
- _____ High School transcript
- _____ College transcript (if student has earned credits from another institution)

SECTION C: Student Eligibility: To be completed by High School Counselor/Principal. Check all that apply.

- This student is under 21 years of age
- This student is currently in the _____ th grade
- This student is continuing 12th grade
- This student is eligible to enroll in developmental ed courses (ENG096, MATH095, MATH097, MATH099, READ090) - **12th graders Only** (These courses are not eligible for Pell grant funding)
- The student's Accuplacer scores are attached
- The student's ACT or SAT scores are attached
- The student's transcript is attached

High School Counselor/Principal Signature _____ Date _____

SECTION D: Part 1 – School District Approval

If signed by the Principal and the Superintendent or their designees, the School District agrees to pay the tuition for each course initialed on registration form:

Approved by Principal or Superintendent (or Designee)

Signed _____ Title _____ Date _____

SECTION D: Part 2 – Parent/Guardian Approval

The undersigned agrees to pay the tuition and fees for each course initialed on registration form:

Approved by Parent/Guardian

Signed _____ Relationship _____ Date _____

SECTION D: Part 3 – College Approval

Approved by Adams State University Administrator

Signed _____ Title _____ Date _____

Concurrent/Dual Enrollment Course Registration Form

Adams State University

Name _____ Semester _____
 Last First Middle Initial

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Date of Birth _____

E-mail address _____ Term: (circle) Fall Spring Summer Academic Year _____

Social Security Number _____

Race

- Hispanic or Latino
- Not Hispanic or Latino

Ethnicity

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White

Gender

- Male
- Female

Citizenship

I am a citizen of the United States Yes No

Course Selection: To be completed by Student and High School Counselor.

Attention High School Counselor: Your initials next to a course verify that the course is included in the Student's ICAP/PEP.

***Course type: Video =V \$144.55 per credit hour + \$53.40 tech fee, Online Semester Based= O -\$144.55 per credit hour + \$53.40 tech fee, Print Based/Correspondence=P \$185.00 per credit hour, On Campus = C \$144.55 per credit hour C@HS =HS \$75.00 per credit hour**

Subject	Course Number	CRN	Course Title	Course Type *	Credit Hrs	Counselor Initials	Parent Initials

My tuition will be paid by: School District Parent/Guardian by check Parent/Guardian by credit card

***Note: Check or credit card option not available for on campus courses or courses funded through a Pell grant**

_____ \$ _____
 Credit Card Account Number Expiration Date Total Submitted

Name on Credit Card: _____

Billing Address: _____