

Columbia State Community College
DUAL ENROLLMENT - CONSENT FORM

(This is NOT an application. To complete the required, online application to the college, go to:
www.ColumbiaState.edu/DualEnrollment)

Return Form To:
Columbia State Community College

Email To:
Processing@ColumbiaState.edu or

Mail To: Office of Admissions
1665 Hampshire Pike
Columbia, TN 38401

Phone #: 931.540.2790
TDD Relay #: 800.848.0298

Student Name: _____
(Please Print) Last First MI

Date of Birth: ____ / ____ / ____ (Month/Day/Year)

Social Security Number*: _____ - _____ - _____

Current Term: _____ **High School Graduation Year:** _____

CONSENT FOR DUAL ENROLLMENT - Parent/Guardian Consent

I give permission for my student, _____, (Print Student's Name)
to enroll in the Dual Enrollment (DE) program with Columbia State Community College.

I understand and agree to the following conditions:

1. I understand that by allowing my student to participate in the DE program, my student is responsible for following the guidelines and academic calendar of the high school *and* college.
2. A student must maintain a cumulative 2.0 GPA for all college courses certified under the Dual Enrollment Grant (DEG). Students who do not maintain the minimum GPA will no longer be eligible for the DEG and may be withdrawn from the college.
3. **All fees must be paid by the first day of class.**
 - The grant or other financial support for DE may not completely cover costs.
 - I will be responsible for payment of tuition, fees, books, and any other materials and expenses related to the student's DE if the DEG does not cover all tuition expenses, or if the student does not qualify for the grant.
 - Failure to finalize the grant application and payment of the student's balance by the college deadline each semester will result in the student's inability to register for subsequent semesters and will prohibit the release of the student's college transcripts.
 - Account billing notifications will be sent to the student's Columbia State email. Additional emails for billing or text message notifications may be added in the student's myChargerNet under My Profile.

Parent/Guardian Signature

Date

Parent Phone Number

AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION - Student FERPA Release

Federal law prohibits a college from discussing any information about a student without a written signed release from the student.

- I give my permission for Columbia State Community College to release information regarding attendance, grades, dual enrollment grant and fee payment information until I graduate from high school to my:

High School Officials - *and* - My Parents/Legal Guardians _____

Print Parent/Guardian Name(s)

Signature - Student

Date

CONSENT FOR DUAL ENROLLMENT - High School Consent

(Public, Private, or Home-School Umbrella)

- I certify that the student named above has my permission to participate in the Dual Enrollment program provided by Columbia State Community College.
- The high school will send each student's official documents directly to Columbia State.

There are three ways to transmit official documents from the high school to Columbia State:

1. Email: Processing@ColumbiaState.edu (separate pdf file/student)
2. U.S. Mail: Admissions: 1665 Hampshire Pike, Columbia, TN 38401
3. Student Delivery: Document in unopened envelope from high school to a Columbia State Campus

Official Documents Needed:

- HS Transcript
- DE Consent Form
- ACT/SAT Scores (If Taken)

Signature - School Representative

School Position

Date

HEPATITIS B IMMUNIZATION HEALTH HISTORY FORM (Check 1 Box)

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such student complete and sign a waiver form provided by the institution that includes detailed information about the disease.

The required information below includes the risk factors and dangers of the disease, as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids, and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection.

A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

- I hereby certify that I have read this information and I *have received* the complete three dose series of the Hepatitis B vaccine. Date Hepatitis B vaccination series was completed: ____/____/____
- I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine *and/or* I am *in the process of receiving* the complete three (3) dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information and I *have elected not to receive* the Hepatitis B vaccine.

 Signature - Student or Parent/Guardian (If student is under 18)

 Date

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention website at www.cdc.gov/vaccines/.

Consortium Agreement Requirement

For Students Taking Dual Enrollment Classes at Two or More Colleges/TCATs in a Term

1. A consortium agreement establishes a limited agreement between Tennessee Education Lottery Scholarship (TELS) eligible schools that enables an eligible high school student, enrolled at two or more schools within the same term/trimester, to have their Dual Enrollment Grant (DEG) based upon all enrolled hours.
2. It authorizes the DEG Home School to receive the student's DEG funds on behalf of the Host (2nd) school.
3. If the student signs a consortium agreement with a college other than Columbia State as their "Home School", the DEG will be certified by that college.
4. I understand that if the student drops/withdraws from courses at either school during the term/trimester of a consortium agreement, the student, parent or guardian may be required to repay the financial aid disbursed.
5. A student must submit the *official Host School transcript* for consortium credit/clock hours upon the completion of the term/trimester. DEG eligibility for a subsequent term cannot be determined without the required transcripts.

 Initials: Parent/Guardian

 Student

* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

INCLEMENT WEATHER

During times of inclement weather, official information on Columbia State closings will be provided on the Inclement Weather Hotline at 931.540.2515 and online at www.ColumbiaState.edu. For classes held on a high school campus, openings and closings will be the same as the high school.

 Initials: Parent/Guardian

 Student

Columbia State Community College,
 a Tennessee Board of Regents
 institution, is an AA/EOE
 educational institution.
 CoSCC DE-01-09-24

