

State of New Mexico
Dual Credit Request Form

School Year

Summer Fall Spring

Changing Program of Study?

Student Information

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> MI	<input type="text"/> Date of Birth	<input type="text"/> STARS Student ID#	<input type="text"/> Social Security Number *
<input type="text"/> Mailing Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code	<input type="text"/> Residency – County	<input type="text"/> High School Name
<input type="text"/> Gender	<input type="text"/> Ethnicity *	<input type="text"/> Telephone	<input type="text"/> (NEW) Program of Study	<input type="text"/> HS ACT Code **	<input type="text"/> High School GPA/Graduation Year

*Social Security number and/or ethnicity are not required for dual credit participation. **HS ACT Code is not required for homeschool students.

Course Listing and Secondary/Postsecondary Approval

The above-named student has been given permission to enroll as a dual credit student. Based on this student's Next Step Plan, academic record and overall maturity, I feel he/she will be successful in college level courses. Therefore, as high school representative, I recommend the student take the following course(s):

Schedule # e.g. CRN #	Course #, e.g. MATH 121	Course Section #	Course Title, e.g. College Algebra	STARS Course Code	Day(s) (MTWThF)	Time, e.g. 1-1:30pm	Location of Course	Higher Education Credits	High School Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FERPA Release Information

We, the student and parent/guardian, agree for the above-named student to enroll in the Dual Credit Program offered in coordination with the above named high school and postsecondary institutions. We understand the high school representative will authorize course selection for each term. We understand that all prerequisite requirements, including assessment and course placement must be met.

We agree to abide by the guidelines in the Dual Credit Memorandum of Agreement, and in high school and postsecondary policies and codes of conduct.

We will cooperate with both the high school and postsecondary institution in fulfilling student responsibilities. We understand that any courses registered for, or grades earned, become a permanent part of the student's high school and college record. At the end of each quarter and/or semester, we authorize the postsecondary institution to send all grades to the high school, including those for courses that are not a part of this agreement.

We understand that it is the student's responsibility to receive approval from the high school representative for permission to drop or withdraw from the course(s) listed above.

According to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), all rights of access to student educational records transfer from parent to student when the student is enrolled in a postsecondary institution. Accordingly, dual credit students still enrolled in high school have rights of access to their postsecondary dual credit records. *In order for the student to receive credit, transcripts of dual credit courses will be shared among the secondary and postsecondary institution, the New Mexico Public Education and Higher Education Departments (NMPED/NMHED).*

All data will be used and maintained in accordance with all federal and state statutes, regulations, and policies.

By signing below, I, the student, authorize the postsecondary institution listed above, to release all information concerning my academic records to my high school, the NMPED, and the NMHED. I understand that information may be released orally, electronically, or on paper. I have the right to inspect any written records released pursuant to this consent and understand that I may revoke this consent at any time.

We, the student and parent/guardian, certify that all the information furnished in this application is true to the best of our knowledge. We understand that any misrepresentation of the facts may result in the immediate cancellation of the student application or registration.

Signatures

<input type="text"/> High School Representative Signature	<input type="text"/> Date	<input type="text"/> High School Representative Name (print/type)
<input type="text"/> Student Signature	<input type="text"/> Date	<input type="text"/> Parent/Guardian Signature
<input type="text"/> Postsecondary Representative Signature	<input type="text"/> Date	<input type="text"/> Postsecondary Representative Name (print/type)