Dual Credit Enrollment Application (Non-concurrent)

College/University:		
☐Great Basin College	☐Truckee Meadows Community College	e □University of Nevada, Reno
☐ Western Nevada Colle	ge □University of Nevada, Las Veg	as
	<u> </u>	O Student Accounting Department Director must approve the in if the course can be found within an NSHE institution. Per NRS
Term:		
☐ Fall ☐ Spring ☐ Sur	mmer 🗆 Winter	School Year:
Student Information:		
Student's Name:		Date of Birth:
Mailing Address:		
Telephone Number:		Student's E-mail Address:
High School Name:		Student's Cumulative GPA:
Grade:	Student ID#:	
NSHE ID:	NET ID:	

Dual Credit Course:

Please indicate the course(s) in which you are applying to enroll:

Call No.	Dept.	Course No.	Section No.	Course Title

(*Additional courses can be added as needed)

To qualify for the Dual Credit Program, I understand:

- I must have obtained HS status by the beginning of the school year. Dual Credit courses are available to high school students (9-12).
- I am responsible for providing my own transportation to and from the Dual Credit class.
- A Dual Credit course may be applied only to elective high school credit, unless specified for academic credit in the posted Dual Credit List.
- I must pay the costs of college enrollment for the class, including any application fees, class fee, and textbook costs.
- Registration is not complete until all fees, if any, are paid. I am responsible to pay fees by the published deadline date.

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- I am considered an admitted student and as such, all policies and procedures as outlined in the college course catalog apply.
- Grades earned in Dual Credit courses will be averaged into my high school semester GPA. Dual Credit will not be awarded retroactively.
- Grades earned will also appear on my permanent college/university transcript.
- I must have approval from the persons listed below:

Student's Signature:	Date:
Signature indicates understanding of the above	requirements and obligations.
Parent's Signature:	
Signature indicates understanding of the above	requirements and obligations.
Counselor's Signature:	Date:
Signature indicates counselor has reviewed the obligations, and restrictions and has verified th	Dual Credit Program with the student, including requirements, e student's eligibility to enroll.
Without the parents' express permission (or that of a the student and parent (or appropriate school district	(FERPA), regardless of age or grade level, to keep student records confidential. student 18 or over), WCSD cannot share student records with anyone but ct employees). And without the student's express permission, Postwith anyone but the student (or appropriate college employees, high school rdians must be authorized to view student records.
Family Rights and Privacy Act (FERPA)	
Parent and Student: Sign here to approve that WCS your student records to either WCSD or the institu	ED and the Nevada university or college in which you enroll may disclose tion in which you enroll.
Parent Signature:	Student Signature:
("District"), and its respective trustees, administrations assigns, representatives, affiliated persons, volun referred to collectively as the "Releasees") from a person or property of another, lawsuits, judgment or damage, including property loss or damage, su	narmless, and agree to defend the Washoe County School District ators, managers, coaches, employees, agents, heirs, family members, teers, sponsors, groups and others acting on their behalf (hereafter and against any and all liability, claims, losses, costs or expenses to the ats, and/or expense, including attorney fees, arising from injury, illness, affered or incurred by my student as a result of the acts, omissions, or g or which may arise out of the with my student attending the am.
Parent Signature:	Student Signature:

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