

DUAL ENROLLMENT CONSENT FORM

This is not an application for admission. This form must be completed in addition to the Admissions Application before the student is considered for Dual Enrollment at Motlow State Community College. Consent to enroll must be given by the student, his/her high school counselor, and his/her parent/guardian.



Student Name: _____
Last (please print) First (please print) MI

Date of Birth: _____ High School: _____
Month/Day/Year

Motlow ID (if known): A _____

Student Consent

- I understand as a Dual Enrollment student I must abide by the rules and regulations of my high school and those of Motlow State Community College.
- I understand if I choose to drop a dual enrollment class once classes begin, I must log into My Motlow and drop the class myself.
- I understand that if I choose to drop a class beyond the full-refund drop date, there are monetary consequences, or I will be charged one Dual Enrollment Grant.
- I also consent to the following:

Authorization to Disclose Academic Information (FERPA): 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 faculty and/or staff of Motlow State Community College to release information regarding attendance, grades, Dual Enrollment Grant, fee payment, and behavioral issues to my high school officials and my parent(s)/legal guardian(s): _____

(Please print Parent/Guardian Names)

Tennessee Eligibility Verification Agreement (EVEA): The Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a U.S. citizen or alien lawfully present in the U.S.

I attest I am either a US citizen or an alien lawfully present, or I am not requesting any state benefits including in-state tuition. I understand this attestation is required by Tennessee law if I have applied for state public benefit. I understand Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand knowingly and willfully making a false, fictitious or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act. I understand if I am found to have made a false or misleading statement, my state public benefits may be rescinded or I may be disciplined by the college.

Student signature Date

Documentation (e.g. birth certificate or valid drivers license) is required for proof of citizenship if 18 years of age or older. Please attach copy.

High School Counselor/Principal Consent

I certify that the above named student has my permission to participate in the Dual Enrollment program provided by Motlow State Community College and meets the following criteria:

- A minimum overall GPA of 3.0 or an ACT composite score of 19 or higher (having met benchmarks in English, reading and math)
- A minimum GPA of 2.5 for CTE courses (such as Mechatronics)
- A minimum GPA of 3.0 in all high school English courses
- A minimum GPA of 3.0 in all high school math courses
- The student has portrayed exemplary behavior and has no discipline issues.

Please note: Individual school districts may develop additional criteria to qualify for dual enrollment.

School Counselor/Principal signature Date

School Counselor/Principal printed name

(Continued on back)

Parent/Guardian Consent

I _____ give permission for the above to take Dual Enrollment courses with Motlow State
(please print parent/guardian name)

Community College. I understand that the Dual Enrollment Grant or other scholarships may not completely cover costs. I understand that I will be responsible for the payment of tuition, fees, books, and any other materials and expenses associated with these classes. I also understand that my child, when enrolled as a Dual Enrollment student, is not eligible for federal aid. I understand college courses are demanding and more challenging than high school courses, and I will communicate this to my child. Furthermore, I understand that if his/her collegiate GPA falls below 2.75, he/she will no longer be eligible for the Dual Enrollment Grant or any other scholarships.

Parent/Guardian signature

Date

Parent/Guardian Phone Number

Immunization Health History Form

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning measles, mumps, rubella, varicella, and hepatitis B infections to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about these diseases, as well as information on the availability and effectiveness of vaccines for persons who are at-risk for these diseases. The information concerning each 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) Immunization

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.

(Please check one. A copy of your shot record is not required.)

_____ I hereby certify that I have read this information, and I have had the entire 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.

_____ 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 dose series of the Hepatitis B vaccine.

Student signature or Parent/Guardian signature (if student is under 18)

Date



MOTLOW STATE
COMMUNITY COLLEGE