



Dual Enrollment Consent Form

(Submit this with the all admission requirements)



TO BE COMPLETED BY THE STUDENT:

Student Full Name: _____

High School: _____

Term Applying: Fall: ____ Spring: ____ Summer: ____ Current Grade Level: _____

TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR AND PRINCIPAL:

This is to certify that the above-mentioned student has met all requirements necessary to be part of the Dual Enrollment Program.

High School Principal

Date

Grade Level Counselor

Date

TO BE COMPLETED BY THE PARENT:

IMPORTANT: "I, the parent/legal guardian of the above student, grant permission for my son/daughter to enroll in the University of Guam's Dual Enrollment Program. I understand the unique character and rigorous requirements of the course(s). I am also informed that THERE IS NO FUNDING AVAILABLE FOR THE PROGRAM and that we are liable to pay 100% of tuition and fees charged.

Print Name

Signature

Date