



Office of the Registrar SRSU Box C-2
 Alpine, TX 79832
 (432) 837-8050

Dual Credit Early Admission Course Approval
 (New approval required each semester)

PART I: To be completed by student

_____ New Student _____ Returning Student

Student Name: _____ Date of Birth: _____

*Social Security Number: _____ High School Attending: _____ Grade Level: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Semester: (Check only one semester) Fall Spring Summer I Summer II Year _____

Please list the SRSU course(s) you wish to enroll in. Use only the SRSU CRN, subject, number, and title. Indicate for each course if the student will be receiving dual credit (both high school and college credit) or college credit only.

CRN	Subject	Number	Course Title	Dual Credit	College Credit Only

- I understand I will be enrolling in a college credit course(s) and will be receiving a letter grade that will be recorded on my permanent college transcript. All high school students are held accountable to policies, rules, and regulations of Sul Ross State University.
- I understand that I am responsible for the purchase of books required for all Sul Ross courses in which I am enrolled.
- I understand that if I wish to withdraw from my college course(s), it is my responsibility to first discuss this matter with my high school counselor. Also, it is my responsibility to submit the required drop/withdrawal forms to the University by the published deadline.
- I hereby give permission for SRSU to release my educational record (including but not limited to final grades, account activity and discipline) to my principal and/or counselor in accordance with the Family Education Rights and Privacy Act (FERPA).

 Student Signature

 Date

 Parent Signature

 Date

AFTER YOU COMPLETE PART I FOR STUDENT, YOUR HIGH SCHOOL OFFICIAL MUST COMPLETE PART II, BEFORE YOU SUBMIT THIS COURSE APPROVAL FORM TO SUL ROSS STATE UNIVERSITY.

*The student's social security number (SSN) is being requested because it is a unique identification number which is maintained for the purpose of assurance that the correct student record is accessed. The disclosure of such information is voluntary. The disclosure of the social security number will be governed by the Public Information Act (Charter 552 of the Texas Government Code).

PART II: To be completed by high school official.

TSI Compliance or Exemption verification section must be completed by counselor or principal. Please check appropriate box below according to student's high school classification and option, to prove eligibility. Score documentation must be on file at Sul Ross State University.

TSI COMPLIANCE VERIFICATION

Compliance/Exempt	Freshman	Sophomore	Junior	Senior
<i>TSI Assessment Reading 351, Math 350, Writing 340+ 4 on Essay or less than 340 + 5 on Essay + ABE Diagnostic of 4</i>				
<i>Exit TAKS ELA/Writing 2200/3, Math 2200</i>				
<i>STAAR EOC English III Reading and Writing 4000, EOC Algebra II 4000</i>				
<i>STAAR EOC English II Reading 2000, Writing 2000, EOC Algebra II 4000 (cannot use English II EOC scores to demonstrate eligibility as a senior if student was not enrolled in dual credit as a junior with English II scores)</i>				
<i>SAT Evidence-based Reading & Writing 480, Math 530</i>				
<i>ACT Composite 23, English 19, Math 19</i>				
<i>PSAT Combined 107, ELA 50, Math 50 (if administered prior to October 15, 2015)</i>				
<i>PSAT EBRW 460, Math 510 (if administered after October 15, 2015)</i>				
<i>PLAN Composite 23, English 19, Math 19 (must demonstrate eligibility by other means as a senior)</i>				
<i>ASPIRE (English 435, Math 431)</i>				

PAYMENT

Please select the correct statement:

_____ The ISD will pay for all tuition and fees.

_____ The ISD will pay for _____ semester credit hours.

_____ The parent/guardian and student are responsible for payment of tuition and fees.

Verified by (Principal or Counselor)

Date