



Semester for Enrollment:

Spring Fall YEAR: _____

Last Name

First Name

Middle Initial

High School

UT Tyler Student ID

Email Address

Grade Level

I understand:

Proposed Major

- Dual Credit student records are governed by the Family Educational Rights and Privacy Act (FERPA), which states the student owns his/her educational record from the first semester of enrollment, regardless of age.
- Student's signature permits UT Tyler to disclose mid-term and final grades in addition to general admission information to the high school, parents, and/or legal guardians.
- The student will be enrolling in college credit course(s) and a letter grade will be recorded on his/her permanent college transcript.
- All registration deadlines, including adding, dropping, and withdrawing from coursework follow the official University of Texas at Tyler Academic Calendar.
- All payment deadlines and refund schedules follow the official University of Texas at Tyler Academic Calendar and Refund Schedule.
- I must view and accept the University of Texas at Tyler Registration Agreement each semester in order to be enrolled.
- I must meet official TSI requirements and course prerequisites in order to be enrolled. I give UT Tyler permission to obtain my official TSI scores from the ACCUPLACER database.
- I assume ALL responsibility for successfully completing my coursework, including directly working/communicating with my instructors and The University of Texas at Tyler regarding grades, attendance, and/or behavioral issues.
- The University of Texas at Tyler assumes no responsibility if I lose eligibility to participate in the National Collegiate Athletic Association (NCAA) or any other collegiate level activities.
- I am responsible for dropping or withdrawing. I understand that I must talk with my counselor and then submit required Add/Drop or Withdrawal Form to the Dual Credit Coordinator.

| Course Title | Course Number | Section Number | Class Number |
|--------------|---------------|----------------|--------------|
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By signing this form I confirm that I have read and understood the above-listed responsibilities and give consent to enroll in dual credit courses.

Student Signature

Date

High School Counselor/Representative Signature

Date

Office Use Only

TSI ASSESSMENT

Math _____ Minimum score 350- Required for any MATH
Critical Reading _____ Minimum score 351, Essay of 5 OR Writing score 340
and Essay of 4

TSI 2.0 ASSESSMENT

ELR _____ Minimum CRC >=945 AND Essay >=5 OR
CRC<945 AND Diagnostic Level >=5 AND Essay>=5- Required for any college course
Math _____ Minimum CRC >=950 OR CRC <950 AND Diagnostic Level=6

EOC _____ ACT _____

SAT _____ PSAT _____

Officially Registered

Date: _____

By: _____

Dual Credit Coordinator Signature