



Student is required to complete this section:

Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

High School \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Expected High School Graduation Year: \_\_\_\_\_

Registration for: Fall Spring Summer
(Aug - Dec) (Jan - May) (May - Aug)
Year \_\_\_\_\_

Course(s) in which I would like to enroll:

Course \_\_\_\_\_
(subject, course, section)

Days/Time \_\_\_\_\_ On-Ground Online

Semester \_\_\_\_\_

Course \_\_\_\_\_
(subject, course, section)

Days/Time \_\_\_\_\_ On-Ground Online

Semester \_\_\_\_\_

Course \_\_\_\_\_
(subject, course, section)

Days/Time \_\_\_\_\_ On-Ground Online

Semester \_\_\_\_\_

Course \_\_\_\_\_
(subject, course, section)

Days/Time \_\_\_\_\_ On-Ground Online

Semester \_\_\_\_\_

I authorize East Tennessee State University to release my transcript of academic work to my high school, after attending East Tennessee State University as a Dual Enrolled student. I understand this permission form only applies while attending East Tennessee State University under the status of Dual Enrollment or Early Admission. I understand the guidelines concerning my admission and the registration regulations. I understand I must complete the application on-line to be considered for the Dual Enrollment Grant and ETSU Dual Enrollment Scholarship or I will be responsible for all tuition and fees due. I provide consent for information regarding my admission and records to be discussed with my parent and/or guardian while enrolled as a dual enrollment student. I understand that any award amount received for courses #5-#10 will be deducted from my HOPE Scholarship beginning with the first semester of college enrollment, and even following semester of enrollment until the borrowing requirement is satisfied. I understand I will be subject to the university's regular established policies for registration and grading. I understand I am registering for the classes as listed above, and it is my responsibility to contact the Dual Enrollment Office about class changes.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

No Application Fee

One of the benefits of dual enrollment at ETSU is that the application fee is waived. This benefit continues for dual enrollment students who later wish to apply for freshman admission to ETSU: their application fee will be waived again.

Refund Policy

East Tennessee State University adheres to The Tennessee Board of Regents (TBR) system-wide policy for calculating fee adjustments and refunds. The fee adjustment policy provides for three fee adjustment periods and is based entirely upon the official date of withdrawal or change of course which would result in a recalculation of fees. Students who need to drop any courses or withdraw from the University should do so before the start of classes for the term to ensure that no registration fees are owed.

Please visit etsu.edu/bf/bursar/tuitioninfo/calendar.php for specific refund/adjustment periods for each part-of-term.

School Recommendation

Guidance Counselor or Principal is required to complete this section:

This student meets the established admission guidelines and has my permission and recommendation to enroll at East Tennessee State University.

This student has a current grade point average of \_\_\_\_\_.

Principal or Guidance Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

Permission to Enroll

Parent/Guardian is required to complete this section:

My son or daughter has my permission to enroll at East Tennessee State University as a special student. I understand the guidelines concerning his/her admission and the regulations regarding registration for classes. I understand that any award amount received for courses #5-#10 will be deducted from the student's HOPE Scholarship beginning with the first semester of college enrollment, and even following semester of enrollment until the borrowing requirement is satisfied. I understand that my son/daughter is subject to the university's regular established policies for registration and grading. If my son or daughter is participating in dual enrollment with two institutions, I authorize the two institutions to exchange information concerning the dual enrollment grant and the academic record. I understand my student will be registering for the classes as listed above.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent e-mail address \_\_\_\_\_

