



Dual Enrollment Addendum

Enrollment Term: Fall 20__ Spring 20__ Summer 20__

Students wishing to participate in the Dual Enrollment Program in partnership with Coppin State University must have each section of this form completed, including all required signatures for submission. Failure to comply may result in application processing delays or application withdrawal.

Student Name: _____

Date of Birth: ___/___/___

High School: _____

City/State: _____

Grade Level at the start of the anticipated term of enrollment: 10 11 12 Anticipated Grad Year: _____

Applicant Agreement

(Please Initial Each Box)

I agree to supply all required documentation requested by the Office of Admission, Office of Records and Registration, or other campus entities. I authorize my high school to release my official high school transcript for consideration to participate in the Coppin State University dual enrollment program.

I understand that participation in the dual enrollment program does not guarantee admission to the university. I must meet the admissions criteria as outlined by Coppin State University to be considered for full degree-seeking admission to the university.

I agree to adhere to the university's policies, protocols, and Code of Conduct.

Student Signature: _____ Date: ___/___/___

Parent/Guardian Agreement

I authorize the participation of my student in the Coppin State University dual enrollment program. I accept full responsibility for all personal matters such as transportation, insurance coverage, fees/financial arrangements, etc. associated with enrollment. Coppin State University reserves the right to make changes in tuition, fees, and other charges at any time such changes are deemed necessary by the College and University System of Maryland Board of Regents.

Parent/Guardian's Name: _____ Relationship: _____

Parent/Guardian's Signature: _____ Date: ___/___/___

Counselor/School Administrator

Student, _____, has the endorsement of our high school to enroll as a dual enrollment candidate at Coppin State University. They have demonstrated satisfactory completion of one academic year of high school-level coursework. I attest that the submission of the student's attached academic record is the most recent and accurate record on file for the student. My signature verifies confidence in the student's ability to successfully complete college-level courses.

Student's High School: _____ School ID #: _____

School Counselor/ Administrator's Name: _____ Title: _____

School Counselor/ Administrator's Signature: _____ Date: ___/___/___