

**PERMISSION AND REGISTRATION FORM
NORTHEAST TEXAS COMMUNITY COLLEGE
DUAL CREDIT**

Student's Full Name (please print) _____

Street Address (with city, state, zip) _____

Social Security Number ____ - ____ - ____ OR NTCC student ID ____ - ____ - ____

High School _____

Cell Number _____ Home Number _____

What is your current grade level? (Circle one) Sophomore Junior Senior

Have you taken courses at NTCC before? No _____ Yes _____

Course Selections:

Course Name, Course Prefix, Number and Section and term Example: ENGL1301.01 - fall	Location	Time	Day	For High School Credit Circle Yes or NO
				Yes or NO
				Yes or NO
				Yes or NO

I understand that my college credit will be transcribed but held in escrow until I furnish an official high school transcript showing that I have graduated. I understand that my signature on this form gives NTCC permission to release an official copy of my transcript to my high school at the end of each semester.

I understand that my signature on this form gives NTCC representatives permission to share information with respect to grades, attendance, and class status to high school officials. I have read and understand the rules governing the Dual Credit Program and will abide by those requirements.

_____ Date _____
Student Signature

The above named student has permission to take college courses at Northeast Texas Community College.

_____ Date _____
Counselor/Advisor Signature

