

LeTourneau University
High School Student Enrollment Form



LETOURNEAU
UNIVERSITY

Student Name: _____
Last First MI

LETU Student ID or Date of Birth _____

This area to be completed by High School Official (Counselor, Asst. Principal, or Principal)

Name of High School _____ Expected HS Graduation Date _____

Registration is for the (select one term): **Fall** _____ **Spring** _____ **Summer** _____ **Term 20** _____

LETU Course(s) approved to take:

Will high school credit be awarded
for this course (dual credit)?

Course and Section

Yes No

Yes No

Yes No

Yes No

Yes No

ENGL 1013-ZZ, MATH 1203-PT, MATH1203-01etc.

Signature of High School Official _____ **GPA** _____

I, above-named student, understand that I will be enrolling in a college credit course(s) and will receive a performance (letter) grade which will be recorded on my permanent record at LeTourneau University. Tuition must be paid by posted payment deadline. Courses will follow the LeTourneau University calendar as outlined in the student *Registration Guide*.

Continued participation in this program requires: 1) satisfactory academic performance as it relates to LeTourneau University Academic Standards in the *University Catalog* (<http://www.letu.edu/academics/catalog/>) 2) parental (if under 18) and school approval for each subsequent semester of enrollment..

I understand that upon enrollment I am a University student and agree to abide by all the policies, procedures, and decisions of the University as outlined in the current *Student Handbook* (<http://catalog.letu.edu/index.php?catoid=7>). I acknowledge it is my responsibility to submit the required withdrawal form to the Registrar's Office (Registrar@letu.edu) by the deadline published in the *Registration Guide*, should I decide to withdraw from a course.

I give permission to LETU to release to the above-named high school my academic records related to my concurrent enrollment.

Student Signature _____ **Date:**

Parent/Guardian Signature (required for student under 18) _____ **Date:**

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to students' educational records transfer from the parents to the students when the students become 18 years of age **OR** are enrolled in an institution of postsecondary education. Only with written consent from the student will LETU disclose information from a student's education records, except with regard to the law that provides for disclosure without consent. Please see LETU catalog under "Student Record Information" for more information.

*With few exceptions, state law gives you the following rights regarding the information collected by LETU about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.

Consent for Academic and Directory Information:

- I do not give my consent for the university to disclose the public or "Directory Information" as described above.
- I give my consent for LETU to release my educational records to my parents (listed below).
- I give my consent to release my academic information to parents (listed below) AND I do not give my consent to release my directory information.
- Release my academic records and directory information based on FERPA guidelines to my parents or legal guardians (listed below).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

FINANCIAL INFORMATION

Authorization to Release Financial Records

- I hereby give permission for persons listed below to have access to my financial records while I am enrolled at LeTourneau University. Should circumstances relating to this decision change, it is my responsibility to notify Student Accounts.
- I DO NOT WANT INFORMATION RELEASED TO ANYONE OTHER THAN MYSELF. (Please note that if you check this, your parents CANNOT get information on your account if they call LETU).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PLEASE SIGN AND DATE:

Student Name: _____ Student ID#: _____

Student Signature: _____ Date: _____