



LOUISIANA DELTA COMMUNITY COLLEGE

Dual Enrollment Signature Page

Student Information: all information is required

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: Month ____ Day ____ Year ____

Social Security Number: ____ - ____ - ____

Email: _____

Phone: (____) - ____ - ____

Student's Mailing Address:

Street or P.O. Box City State Zip Code

High School Name: _____ Grade Level: _____

Current GPA: _____ Send high school transcript to the LDCC Dual Enrollment Coordinator.

ACT Scores: Send scores to LDCC or provide a copy to the LDCC Dual Enrollment Coordinator.

Student Consent:

I have read and understand the policies of the Louisiana Delta Community College (LDCC) Dual Enrollment program. I understand that if I withdraw from a course after the add/drop date registration period, it will remain on my college record, I may receive no college or high school credit for the course, and it may affect my future financial aid. Final grades I receive in college courses will remain on my permanent college transcript. I authorize Louisiana Delta Community College to release information about my academic record to my high school while I am enrolled in the LDCC Dual Enrollment Program. I understand that I will be responsible for any enrollment cost.

Student Signature: _____ Date: _____

Requested Semester: Fall Winter Spring Summer Year: 20____

Requested Courses¹: online on-campus (write the campus) _____

¹This form must be submitted each semester to accurately represent the student's courses.



Dual Enrollment Signature Page continued

Student Name:

First Name Last Name

Parent/Guardian Information:

_____ () - _____ - _____

First Name Last Name Relationship Phone Number

Parent/Guardian Consent:

I have read and understand the policies of the Louisiana Delta Community College (LDCC) Dual Enrollment program. I have been advised on the procedures involved in my dependent entering the program and completely approve of my dependent’s participation. I further understand that LDCC Dual Enrollment Students must meet and maintain academic requirements for Louisiana Delta Community College and school board policies. I understand that these courses are not free, and I must provide the required funding and/or documentation at the onset of the program for my dependent to continue. In case of emergency, the parent/guardian will be notified.

Parent/Guardian Signature: _____ Date: _____

High School Contact:

_____ () - _____ - _____

First Name Last Name Job Title Work Phone Number

I certify that the student has completed the application and has permission to participate in the LDCC Dual Enrollment Program. The information provided for this student by the high school is correct, and I verify that the applicant is eligible to participate in the LDCC Dual Enrollment Program.

The student’s tuition and fees are to be billed to the following:

Bill Student Full Amount Bill High School/District Tops Tech Early Start*

High School Contact Signature: _____ Date: _____

*Tops Tech Early Start forms must be submitted to the LDCC Dual Enrollment Coordinator prior to the first day of class.

Dual Enrollment Signature Pages will not be processed if all above information and signatures are not completed. Submit all additional forms and information to the requested campus’s dual enrollment contact.