



Early Entry Agreement Form

EMPLID
(For Institutional Use Only)

Please return this form to dsu.early@dickinsonstate.edu

Student Information			
High School Name:	Year in High School: 10 11 12		
Term: Fall Spring	Year:		
First and Last Name:			Date of Birth
Address:	City:	State:	ZIP:
Student Email:		Student Phone:	
Parent/Guardian Email:		Parent/Guardian Phone:	

Course Subject	Course Title	Modality
<i>Ex: ENGL 110</i>	<i>College Composition I</i>	<i>Ex: On campus, Online, DSU Live</i>

Please read the information below and initial each box in agreement to the information. You will not be eligible to enroll in Early Entry courses until this form is received.

___ By signing this document it is understood that you the student and parent or legal guardian is incurring a legal obligation to pay all charges assessed to the student account on Campus Connection by the due date.

___ It is acknowledged the student will check their enrollment and student account for accuracy.

___ It is understood all DSU policies and procedures will be adhered to in regard to the due dates, attendance, dropping classes, or withdrawing to zero credits.

____ I understand as an Early Entry student, I will be Non-Degree Seeking.

____ I understand I will NOT be able to receive federal financial aid.

____ I understand that the credits earned as a Non-Degree student may only be applied toward 25% of a degree-seeking program.

____ I authorize Dickinson State University to release my classes and grades to my high school during and after the completion of this semester.

I hereby authorize Dickinson State University to disclose **Academic Information** (Grades, Class Schedules, Probations/Suspensions, Notices, etc.) (Grades are not automatically sent at the end of the semester.), **Financial Information** (Financial Aid/Business Office, Fees, Holds, Fines) and any personal information that is available at the institution and that pertains to myself and/or my family to:

_____	_____
(Party to whom information is to be released)	Relationship to Student
_____	_____
(Party to whom information is to be released)	Relationship to Student

Please provide a security question to which only you and the individual(s) listed above know the answer:

Security Question _____

Answer _____

*This release indemnifies Dickinson State University from any actions resulting from the disclosure of the information stated above, and of any requirements mandated within the Family Educational Rights and Privacy Act of 1974. This release remains in effect until such time as written notice is received from the student requesting cancellation of the authorization for release of information.

Student Signature *Date*

Parent/Legal Guardian Print Name *Parent/Legal Guardian Signature* *Date*

**Parent signature indicates verification of financial obligation. Required for all students in high school.
Please retain a copy of this form for your records.**