

Dual Enrollment, P.O. Box 668, Moorhead, MS 38761

Phone: 662.246.6399 + Fax: 662.246.6363

• Email: decoordinator@msdelta.edu, Academic Coordinator; hlang@msdelta.edu, CTE Coordinator

Dual Enrollment Counselor Verification Form

Fall JR	Soph (CTE only)	New Du	al Enrollment Student	
Spring SR	Other	Returni	ng Dual Enrollment	
High School:				GPA:
Student's Name:				DOB:
Student Street Address:	Cit	:y:	State:	Zip:
	SSN:			
Student Email Address:			Phone Number:	
	CRITERIA FO	OR DUAL ENROL	LMENT	
Acad	demic Classes		CTE Clas	sses
counselor 4. ACT sub-score of 17 in Engli- 1113) 5. ACT sub-score of 19 in Math (MAT 1313)	age of 3.0 on a 4.0 scale gh school principal and/or guidance sh to qualify for English Comp I (ENG nematics to qualify for College Algebra	2. Student n 3. Recommo NOTE: St which th CTE and GPA or h	udents must meet these req ey are enrolled for dual enro if in Middle College, student igher.	or senior principal and/or guidance counselor juirements for EACH year in ollment whether Academic or s must maintain a 2.0 MDCC
***High School counselors MUS	T send an official transcript, which incl	<mark>udes a graduati</mark>	on date, to MDCC to release	the college transcript.
	COURS	E INFORMATI	<u>ON</u>	
COURSE AND SECTION	COURSE TITLE	CREDIT HOURS	LOCATION	INSTRUCTOR
EXA 1234-12	Example	3	Your School or Online	e Name
* Students can take up to 7 l	nours per semester including Acade	emic and CTE c	ourses combined.	
THE FOLLOWING DOCUME	NTS ARE REQUIRED FOR ADMISSIO	N AND MUST I	RE STIRMITTED FOR THE S	TUDENT TO BE ENROLLED.
	ipt (GPA calculated and initialed if not Verification Form	4. AC Cc		uested College Algebra or English
enrollment at MDCC. I under and to submit a completed him	chool: By my signature, I certify that restand that it is the responsibility of igh school transcript, which includes itted to fulfill the written recommer	the high schoo a graduation	ol to award appropriate Ca date, to MDCC in order fo	rnegie units toward graduation
Printed Name of High School Co	unselor or other Authorized Personnel		Title	
	elor or other Authorized Personnel		Date	

Notice of Non-discrimination Statement

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Steven Jones, Vice President of Administrative and Student Services, Stauffer-Wood Administration Building, Suite 119, Office 123, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.

Submit completed applications to: MDCC Dual Enrollment Coordinator, P.O. Box 668, Moorhead, MS 38761.



P.O. Box 668 Moorhead, MS 38761 (662) 246-6306

Approval – Parent or Guardian

- I certify that I am the parent or guardian of the student listed on this form, and that he/she has my permission to enroll in the Dual Enrollment Program at Mississippi Delta Community College.
- I am aware that an authorized representative of this student's school/district **must** submit the Counselor Verification form to ensure that the student meets eligibility requirements for dual enrollment.
- I am aware that an authorized representative of this student's school/district **must** submit the Statement of Financial Responsibility stating what dual enrollment/state testing fees that they will pay for.
 - o I am aware that if the school/district is **not** responsible for paying dual enrollment/state testing fees, schools **must** notify parents(s)/guardian(s) of their responsibility to pay all costs.
 - I certify that if the school/district is not responsible for paying dual enrollment/state testing fees, that I have been notified of my responsibility to pay all costs.
- I also understand that FERPA regulations apply and my child must submit an Authorization to Disclose Academic Information to Parents form through the Admissions Office in order for me to access his/her educational records.

Printed Name - Parent or Guardian	Signature – Parent or Guardian
 Date	Parent Email Address

Authorization to Disclose Academic Information To Parents

The Family Education Rights and Privacy Act (FERPA) regulations were revised and republished on November 21, 1996. FERPA set out requirements designed to afford parents and students rights with respect to student educational records. In addition, it puts limits on what information Mississippi Delta Community College can disclose without having received prior consent.

In accordance with the Family Rights and Privacy Act, the undersigned student hereby permits Mississippi Delta Community College to disclose information to his/her parent(s)/legal guardian(s) as listed on this request to enable them to follow the student's progress. This consent shall be valid throughout the student's enrollment, but may be modified or rescinded in writing by the student. Any interruption in the student's enrollment (withdrawal or termination) will void this authorization; however, a new waiver form may be completed by the student should he/she reenroll. Information provided to parent(s)/legal guardian(s) is for their use only and should not be disclosed to third parties without the student's authorization.

Note: Parent or legal guardians of dependent students may, at the college's discretion, receive information concerning the student's enrollment without a student waiver being required. As defined by FERPA, a student is considered dependent if the parent(s)/legal guardian(s) can claim the student as a dependent for income tax purposes.

In accordance with FERPA, Mississippi Delta Community College will disclose to parents information from the educational records of a student provided Mississippi Delta Community College has the written consent of the student. Please sign below and return to the Office of the Admissions and Records if you consent for the College to release to your parents your educational records.

SSN/ID Number	Printed Name		
Student signature		Date	
PLEASE PRINT: Parent/Legal Guardian N	ame(s)		
Address			
City	State	Zip code	

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Mississippi Delta Community College Middle College Program Statement of Financial Responsibility

High School Principals/Counselors, if your school or district is responsible for paying MDCC Middle College fees, inclusive access required course material fees, books, or State Testing tuition/fees, please provide the following information:

Name of High School	/School District:		
Billing Contact Name	/Title:		
Address:			
(Street)		(City, State, Zip)	
Phone:	Fax:	Email:	
Name and Signature fees:	of School/District Administ	trator who has the authority to agree to pay for MDCC Middle Coll	ege program
(Print Name/Title)		(Signature)	
(Date)			
Please mark all items	that your school/district is	s responsible for paying:	
Full-time Tuition	on Fees	State Testing Course Tuition/Fees	
(\$1725 for 12	2-21 hours)	(\$480 per 3-hour course)	
Books		Inclusive Access Required Course Material Fees	
(Costs vary)		(Costs vary)	
notify parents of their the registration processor be prepared and of October 16th and holds, will not be able	ir responsibility to pay all co ess by the last day to regist sent to all high schools/stu the Spring deadline of Mar e to receive grades, transco	or paying tuition/state testing fees/books/Inclusive Access fees, so osts. Middle college, dual enrolled, and state testing students muster for Fall (August 15, 2023) and Spring (January 9, 2024) semeste udents in a timely manner. All accounts must be paid in full by the rch 14th or holds will be applied to all unpaid student accounts. Stripts, or register for additional classes until their accounts are paid	st complete rs so invoices Fall deadline udents with
student withdraws f	rom a class after the first t	two weeks, full payment for the course is still expected.	
	y my student's school distric ent will be my responsibility.	ct that I will be responsible for any fees, books, etc. I understand all co	onditions
(Print Parent Name)		(Parent Signature)	
(Date)			

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