



North Hennepin  
Community College

# High School Concurrent Enrollment COURSE ADMISSION AND REGISTRATION FORM

Please complete this form in blue or black ink.

## SIGNATURES

**Applications must be signed by all parties prior to submission.** Before signing, all parties should be aware that submission this application indicates the decision to receive a NHCC grade for a concurrent enrollment course. Grades are issued regardless of the grade earned. If a student does not pass a concurrent enrollment course, it may impact their high school graduation and the student will have a failing grade on their NHCC transcript. *Students who do not wish to receive a NHCC grade for a concurrent enrollment course should not submit this application.*

### APPLICANT'S SIGNATURE

In signing this application, I certify that the information I have provided on this application form is complete, accurate and true to the best of my knowledge. I also certify that I understand that submission of this form indicates a decision to have a NHCC grade issued for a concurrent enrollment course.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENT/GUARDIAN APPROVAL

In signing this application, I certify that I have read and understand the conditions of a high school concurrent enrollment course. I understand that in signing this application, I am authorizing the enrollment of the above student in a postsecondary course through the high school's concurrent enrollment program. I understand that submission of this form indicates a decision to have a NHCC grade issued for the course.

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### HIGH SCHOOL COUNSELOR APPROVAL

I highly recommend and authorize the enrollment in the Concurrent Enrollment program for this student. In signing this application, I certify that that the student has met the eligibility requirements of the program.

**An official transcript is enclosed to document that this student's overall GPA is:** \_\_\_\_\_.

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Access to Student Records

Required The college will not permit access to or the release of personally identifiable information contained in student educational records without the written consent of the student to any third party, except as authorized by the MGDPA and FERPA or other applicable law. A copy of the Release of Private Educational Data form is available in Student Services offices, academic areas, and the college Information Drive. A written consent is valid if it: 1) specifies the records that may be disclosed; 2) states the purpose of the disclosure; 3) identifies the person(s) to whom the disclosure may be made; and 4) is signed and dated by the student. If the release is for disclosure to an insurer or its representative, the release must also include an expiration date no later than one year from the original authorization, or two years for a life insurance application. If the student requests, the school shall provide him or her with a copy of the records released pursuant to the informed consent.

*NHCC is a member of the Minnesota State Colleges and Universities System and an Equal Opportunity Educator and Employer.  
For disability accommodations call 763-493-0555.*