

Office Use Only
SAS no. _____

**NON-DEGREE COURSE REGISTRATION FOR HIGH SCHOOL STUDENTS**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

High School Name \_\_\_\_\_

**Course Registration:**

Semester (select one)		Fall	Spring	Winter	Summer Session I	Summer Session II		
Department Name	Course Catalog #	Section #	Class #	# of Credits	Campus Abbrev.	Instructor's Name	Permission # (if needed)	

**Student Agreement:**

If selected as a Dual Enrollment student, I acknowledge that this status is extended by UConn based upon recognition of my strong academic performance in high school and that this status is extended at the discretion of the University. I understand that courses taken at UConn do not necessarily count toward high school graduation requirements and it is my responsibility to work with my high school administration to meet requirements for high school graduation. I acknowledge that I am allowed to enroll for a maximum of eight (8) credits per term.

\_\_\_\_\_

Full Legal Signature of Applicant Date

**Parental Consent:**

As the parent/guardian of the student applying for the UConn Dual Enrollment program, I agree to the following: 1) support the student's desire to participate in the program, 2) support the student as needed to perform successfully, 3) acknowledge responsibility for tuition, fees, and other expenses. I also realize that any acceptance of credit for application to the student's high school program, school district graduation requirements, or state graduation requirements is granted solely at the discretion of the student's high school. Acknowledging these and other factors and having met with the student's guidance counselor, I hereby agree and request that my student be allowed admission into the Dual Enrollment Program at UConn.

\_\_\_\_\_

Parent/Guardian Signature Date

**Acknowledgement of Rights and Responsibilities of High School Students Taking On-Campus Courses**

In signing this form, I certify that I have read/and or viewed the UConn Office of Early College Programs online student Dual Enrollment Orientation which reviews the rights and responsibilities of non-degree students taking courses on a UConn Campus.

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Full Legal Signature of Applicant Parent/Guardian Signature

**CURRENT HIGH SCHOOL TRANSCRIPT, P/SAT SCORES AND HIGH SCHOOL RECOMMENDATION LETTER ARE REQUIRED TO BE INCLUDED WITH THIS REGISTRATION FORM**

Complete Applications must be submitted via e-mail to Todd Blodgett at [todd.blodgett@uconn.edu](mailto:todd.blodgett@uconn.edu) or via postal mail to: Office of Early College Programs, 368 Fairfield Way U-4171, Storrs, CT 06269-4171