Columbia State Community College

DUAL ENROLLMENT - CONSENT FORM

(This is NOT an application. To complete the required, online application to the college, go to: www.ColumbiaState.edu/DualEnrollment)

Student Name: _____ _____ _____
(Please Print) Last First MI

Date of Birth: _____ / _____ / _____ *(Month/Day/Year)*

Social Security Number*: _____ - _____ - _____

Current Term: _____ **High School Graduation Year:** _____

Return Form To:
Columbia State Community College

Email To:
Processing@ColumbiaState.edu or

Mail To: Office of Admissions
1665 Hampshire Pike
Columbia, TN 38401

Phone #: 931.540.2790
TDD Relay #: 800.848.0298

CONSENT FOR DUAL ENROLLMENT - *Parent/Guardian Consent*

I give permission for my student, _____, (*Print Student's Name*)
to enroll in the Dual Enrollment (DE) program with Columbia State Community College.

I understand and agree to the following conditions:

1. I understand that by allowing my student to participate in the DE program, my student is responsible for following the guidelines and academic calendar of the high school *and* college.
2. A student must maintain a cumulative 2.0 GPA for all college courses certified under the Dual Enrollment Grant (DEG). Students who do not maintain the minimum GPA will no longer be eligible for the DEG and may be withdrawn from the college.
3. **All fees must be paid by the first day of class.**
   - The grant or other financial support for DE may not completely cover costs.
   - I will be responsible for payment of tuition, fees, books, and any other materials and expenses related to the student's DE if the DEG does not cover all tuition expenses, or if the student does not qualify for the grant.
   - Failure to finalize the grant application and payment of the student's balance by the college deadline each semester will result in the student's inability to register for subsequent semesters and will prohibit the release of the student's college transcripts.
   - Account billing notifications will be sent to the student's Columbia State email. Additional emails for billing or text message notifications may be added in the student's myChargerNet under My Profile.

_____ _____ _____
Parent/Guardian Signature Date Parent Phone Number

AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION – *Student FERPA Release*

Federal law prohibits a college from discussing any information about a student without a written signed release from the student.

- I give my permission for Columbia State Community College to release information regarding attendance, grades, dual enrollment grant and fee payment information until I graduate from high school to my:

  High School Officials – *and* - My Parents/Legal Guardians _____
  Print Parent/Guardian Name(s)

_____ _____
Signature - Student Date

CONSENT FOR DUAL ENROLLMENT - *High School* Consent

(Public, Private, or Home-School Umbrella)

- I certify that the student named above has my permission to participate in the Dual Enrollment program provided by Columbia State Community College.
- The high school will send each student's official documents directly to Columbia State.

There are three ways to transmit official documents from the high school to Columbia State:

1. Email: Processing@ColumbiaState.edu (separate pdf file/student)
2. U.S. Mail: Admissions: 1665 Hampshire Pike, Columbia, TN 38401
3. Student Delivery: Document in unopened envelope from high school to a Columbia State Campus

Official Documents Needed:
- HS Transcript
- DE Consent Form
- ACT/SAT Scores (If Taken)

_____ _____ _____
Signature - School Representative School Position Date

Student Name _____ _____ _____
Print Name Last First MI

COLUMBIA STATE COMMUNITY COLLEGE

HEPATITIS B IMMUNIZATION HEALTH HISTORY FORM *(Check 1 Box)*

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such student complete and sign a waiver form provided by the institution that includes detailed information about the disease.

The required information below includes the risk factors and dangers of the disease, as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids, and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection.

A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

☐ I hereby certify that I have read this information and I *have received* the complete three dose series of the Hepatitis B vaccine. Date Hepatitis B vaccination series was completed: ____/____/____

☐ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine *and/or* I am *in the process of receiving* the complete three (3) dose series of the Hepatitis B vaccine.

☐ I hereby certify that I have read this information and *I have elected not to receive* the Hepatitis B vaccine.

_____ _____
Signature - Student or Parent/Guardian *(If student is under 18)* Date

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention website at www.cdc.gov/vaccines/.

Consortium Agreement Requirement

For Students Taking Dual Enrollment Classes at Two or More Colleges/TCATs in a Term

1. It is possible for a dual enrollment student to enroll at two or more colleges simultaneously and receive the Dual Enrollment Grant at all eligible schools. This process has important implications for eligibility to consider.
   a. The first TCAT a student indicates on their DEG application is the first one permitted to certify DEG awards for payment in the state financial aid system. Secondary TCATs (if applicable) cannot certify until the first school completes the process.
   b. Each institution processes the DEG based upon the number of clock hours the student is enrolled in at the institution.
   c. If a student simultaneously enrolls at a community college, the grant certification for credit hours at the college is separate from certification at a TCAT.
2. The grades for courses at like institutions (TCAT to TCAT or community college to community college) during the term of enrollment where DEG is received impacts the GPA used for continuing eligibility for the DEG. DEG eligibility for a subsequent term cannot be determined until all like schools report grades to the state financial aid system.
3. Anyone considering simultaneous enrollment is highly encouraged to contact their high school counselor who works with Dual Enrollment.

_____ _____
Initials: Parent/Guardian Student

INCLEMENT WEATHER

During times of inclement weather, official information on Columbia State closings will be provided on the Inclement Weather Hotline at 931.540.2515 and online at www.ColumbiaState.edu. For classes held on a high school campus, openings and closings will be the same as the high school.

_____ _____
Initials: Parent/Guardian Student

* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

Columbia State Community College, a Tennessee Board of Regents institution, is an AA/EOE educational institution.
CoSCC DE-02-02-25

SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS ACCREDITED INSTITUTION COMMISSION ON COLLEGES

SEXUAL HARASSMENT AND OTHER SEX DISCRIMINATION

Columbia State Community College prohibits all forms of sex discrimination, including sexual harassment and sexual misconduct. This prohibition exists in all of the College's education programs and activities, including those in which high school students participate in dual enrollment, middle college, and other education activities offered by the College.

Any high school student who experiences or witnesses sexual harassment, sexual misconduct, or other sex discrimination in connection with a dual enrollment, middle college, or other education program or activity offered by the College is encouraged to contact the College's Title lX Coordinator:

Ms. Debbie Long, Executive Director of Human Resources

Columbia Campus, Pryor Building

931.540.2551

dlong15@ColumbiaState.edu

The College's policies regarding sex discrimination, sexual harassment, and sexual misconduct may be found here: https://www.columbiastate.edu/policies-procedures

Based on the allegations (such as the people involved, the location, and the context), the College may coordinate its response with the student's high school.