## CH Yoe High School Dual Credit Agreement

Welcome to C.H. Yoe High School Dual Credit! This advanced studies opportunity comes with heightened responsibilities for our high school students as outlined below. Please complete this form and return to the counselors' office or the Dual Credit Facilitator (Room 117). We look forward to partnering with you for a successful high school/college experience. You will reach out to the Dual Credit Facilitator, Coach Wiley, at 254.697.3902 as your first point of contact with any dual credit course concerns once the year begins.

Please fill out	the information below:			
LAST Name_		FIRST Name	MI	
Date of Birth				
Anticipated C	Graduation Year			
Important!	You must read and agree to t	he following:		
		lege environment, and I am responsible ge policies, including the Temple Colle	•	
	I agree to adhere to the Importante Temple College website.	rtant Dates and Deadlines, including co	urse drop date deadlines on	
	I understand it is my responsibility to check with my transferring institution to confirm transferability of each course taken through Temple College.			
	I understand Temple College will send a notification of course withdrawal or any other enrollment information to my Temple College email address.			
	I understand I will be respons	stand I will be responsible to pay Cameron ISD for any failed or withdrawn courses.		
	I understand it is my responsibility to communicate directly with my college instructor during official office hours, in person, or through my Temple College email account.			
	I understand I will be required to allow high school staff to view current grades in my student portal on a regular basis in order to facilitate academic counseling, tutoring, or withdrawal from failing college courses.			
	I understand withdrawal from college GPA.	college courses may have an impact o	n both my high school and	
	Education Rights and Privacy	ted to Temple College, I am subject to Act (FERPA). This law means your pole College record unless you have prove	parent or legal guardian may	
		t training with Mrs. Stroud or listened ps://watch.screencastify.com/v/fqHnZf		
Signature be	low indicates student/parent/	legal guardian acknowledgement of	all items above.	
Student Signature		Date_	Date	
Printed Name l	Parent/Legal Guardian	Relationship (Parent/Le	gal Guardian)	

Date\_

Parent/Legal Guardian Signature\_\_\_\_\_