

## Dual Enrollment Registration and Authorization Form

Section A: TO BE CON	APLETED BY STUDENT			
Student Name:		Student ID#:		
Aca	demic Year:	Term:		
Course Code	C	Course Name	Semester Hours	
Total Semester Hours	:			
Signature of Student		Date		
SECTION B: TO BE CO	MPLETED BY HIGH SCH	HOOL COUNSELOR OR PF	RINCIPAL	
Authorization From		High School		
Tennessee Wesleyan Universithe high school and the papermission granted from the student's progress in e	ersity. The student above met rents will monitor the studen he student and parents, facilit ach DE class in order to assure ely fashion. The above course	above named student to be grand admissions criteria for Tennesse t's grade point average for continuated by signed FERPA waivers, the that said student is performings will meet necessary criteria for	e Wesleyan University. Both nued eligibility. With the high school will moniton g class assignments and	
Signature of Guidance Counselor or Principal Date		Student's grade level	Student's grade level	
SECTION C: TO BE CO	MPLETED BY PARENT	OR LEGAL GUARDIAN		
Wesleyan University, prior understand that this is his/ courses taken by the stude the student's responsibility	to high school graduation as a her responsibility to fulfill the ent. I further understand that t	to enroll in dual enrollman Dual Enrollment student (as spongerequirements of said college in the color of the principal or guidance content the course.	ecified above). I further order to earn credit from lege course requirements is	
Signature of Parent/Legal (	Guardian	 Date		

## SECTION D: TO BE COMPLETED BY STUDENT AND PARENT OR LEGAL GUARDIAN

## TENNESSEE WESLEYAN UNIVERSITY PROMISSORY NOTE

schedule, you must choose one of the following pa	icess and prevent classes from being dropped from your yment options and sign at the bottom.
Payment in full	
Deferred Payment Plan: I wish to pay the dow the remainder of my bill. (See Deferred Payme	rn payment amount and use the deferred payment plan to pay for ent Plan below)
Commit Dual Enrollment Grant: I want to use balance using the deferred payment plan (Sec	my Dual Enrollment Grant to pay my bill and defer any remaining e Deferred Payment Plan below).
full, the student either must enter into a payment per Enrollment Grant. I further acknowledge that it is to Grant and failure to do so by ascribed deadlines will courses. I also acknowledge that the Dual Enrollment classes, and \$100 per credit hour for classes acknowledge that there may be additional textbooks.	at \$171 per credit hour. If the student does not pay for the class in plan with the university or successfully apply for the Dual the responsibility of the student to complete the Dual Enrollment II result in the student being billed in full for the registered ent Grant will pay up to \$513 for the students first five dual sses 6-10, resulting in a cost of \$213 per 3-hour course. Finally, I is and class fees associated with certain courses that will be not the student will be held financially responsible for those fees.
1.5% finance charged being charged to my account also understand that by entering the settlement as	nd that failure to pay within 30 days of that date may result in a cor my account being referred to a third-party collection agency. I greement I will avoid the account being turned over to collections y to finish pursuing my degree and/or advance my education, I I can enroll.
2.My past due account may be referred to a collect	s will be issued to me until my student account is paid in full.
4. If my account is referred to an outside collection costs, expenses, and fees incurred by the university expenses, and fees may include percentage-based percentage-based fees of up to 33.33% of the debt addition to the principal, fees, and interest due on a	agency, I agree to reimburse the college for collection agency in such collection efforts. I understand that such collection costs, fees charged to the university by the collection agency, including collected. Any collection costs stated above are charged in my student account.  Indicate the collection costs associated with collecting or enforcing my past due to the court costs associated with collecting or enforcing my past due to the collection of the collection of the collection agency.
and financial information about my account to nat balance owed. I understand the university and/or c me regarding my outstanding balance. I authorize me on all phone numbers and email addresses ass	I authorize Tennessee Wesleyan University to release my persona ional credit bureaus and others concerned with collecting the ollection agency acting on behalf of the university may contact and give consent for Tennessee Wesleyan University to contact ociated with my account. I further authorize collection agencies to contact me on all phone numbers and email addresses
Agreement: I hereby acknowledge that I have read and express	ly consent to the above promissory note.
Signature of Student	 Date
Signature of Parent/Legal Guardian	 Date