



Returning Dual Credit Student Course Selection

This page must be completed and signed by all parties indicated.

Student Name: _____

Dual Enrollment Term and Year: _____

High School: _____

Last High School Year Completed: _____

HPU Course	Semester Hours	Equivalent High School Courses	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have reviewed the transferability of courses which I will take at Howard Payne University under the concurrent/dual credit enrollment policy in the HPU Catalog. I understand that during the fall or spring semester, I may enroll in no more than seven credit hours per semester. If I enroll as a summer student at Howard Payne University, I will re-enroll in high school in order to graduate. In summer sessions, I understand that I may take no more than seven credit hours per summer term (May, Summer I, Summer II, or Summer Standard) or a total of 14 semester hours counting all summer terms.

Student Signature _____

Date _____

HIGH SCHOOL AUTHORIZATION REQUIRED BELOW

I certify that the student named above, who is currently in the _____ grade of high school, has my authorization to enroll as a dual credit student at Howard Payne University. I certify that these courses are approved for high school graduation credits as determined by the Board of Trustees.

Signature of High School Principal, Counselor, or Home School Administrator _____

Date _____