

AUTHORIZATION

I hereby give my approval for my son/daughter to apply to the Commonwealth Dual Enrollment Program at Salem State University and, if accepted, to enroll in said program. We have discussed fully the benefits and requirements of Dual Enrollment with the appropriate guidance counselor(s) and further understand that any variation from said requirements could jeopardize the above-named student's high school graduation.

Name of parent or guardian (print) _____ Email _____

Signature of parent or guardian _____ Date _____

I grant Salem State University permission to release/copy all materials contained in my Salem State University Dual Enrollment file to my school of record. This includes the application, registration form, transcripts, and all other relevant documents. I understand these materials will be used to reflect credits earned at Salem State University and used toward graduation at my school of record. I also authorize Salem State University to disclose information about my enrollment in the Dual Enrollment Program to the above named parent/guardian so that he/she can monitor my status in the program. I hereby certify that Salem State University is the only institution I am applying to, for this term, to participate in the Commonwealth Dual Enrollment Program.

Signature of student _____ Date _____

Signature/approval of school official _____ Date _____