

**Dual Enrollment Application**  
**Contact John Hall, D.E. Coordinator**  
[jhall@yccc.edu](mailto:jhall@yccc.edu) 207-216-4419

**Student Applicant:** Please complete the following information. *SSN must be included.*

**PRINT ALL INFORMATION**

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_ BirthDate \_\_\_\_\_  
Name of High School: \_\_\_\_\_ Current Year in High School (circle one): 10<sup>th</sup>  
11<sup>th</sup> 12<sup>th</sup>  
Anticipated date of graduation: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
GPA: \_\_\_\_\_ SAT: CR \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please write a paragraph about why you are interested in this program (if more space is needed you may use the back or attach a separate page):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**At this point, what do you plan to do immediately after high school? (Check one)**

- |                                                           |                                                                            |
|-----------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Go to two-year college full time | <input type="checkbox"/> Go to four-year college full-time                 |
| <input type="checkbox"/> Work full-time                   | <input type="checkbox"/> Take college classes part-time and work part-time |
| <input type="checkbox"/> Undecided                        |                                                                            |
| <input type="checkbox"/> Other (please describe):         |                                                                            |

**\*\*\*Are you interested in receiving information about Disability Services?\*** If so, you must contact the Office of Disability Services at YCCC at 207-216-4412. Please do this PRIOR to registering for classes, in the event accommodations are needed/approved.

**Parent/guardian and student signatures are required.**

**Parent/Guardian Information**

I give my permission for \_\_\_\_\_ to participate in Dual Enrollment with York County Community College.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Printed Name**

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Student Information**

I give YCCC permission to release my transcript to my High School.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Printed Name**



## **CONCURRENT ENROLLMENT**

Our concurrent enrollment program provides the opportunity for high school level juniors and seniors to earn college credit and high school credit at the same time by taking YCCC courses at one of our participating high school locations. These courses are the same courses we teach at the YCCC campus, the students are held to the same standards of achievement, and the instructors meet the same academic requirements. Students may take additional coursework at the campus through our Dual Enrollment Program.

### **Eligibility:**

- Registration is open to high school juniors and seniors.
- Students must have guidance counselor recommendation.
- Students must meet all course prerequisites and will be required to take the ACCUPLACER exam for specified courses.

## **REGISTRATION**

First, contact your guidance office for advising! Courses are posted on our website at [www.yccc.edu/CourseSchedules](http://www.yccc.edu/CourseSchedules). With guidance approval, you may register for courses during our open registration period. Open registration usually begins in mid-April for summer and fall terms, and in mid-November for the spring term.

*What you will need to complete:*

- Registration Form
- Concurrent Enrollment Agreement
- FERPA Release Form
- Liability Waiver Form for Minor Students

All registrations and forms are processed through the Dual Enrollment office, 207-216-4419. Students taking a course at a high school location where they do not attend will need to complete a Pre-Registration Form signed by their guidance counselor and/or principal.

### **Contacts:**

For all student-related questions, including registration, contact John Hall, Dual Enrollment Office, [jhall@yccc.edu](mailto:jhall@yccc.edu), 207-216-4419.

For program information, school officials should contact Denise Young, Office of Academic Affairs, [dyoung@yccc.edu](mailto:dyoung@yccc.edu), 207-646-9282 ext. 5021.

**CONCURRENT ENROLLMENT AGREEMENT**

You have chosen to participate in a Concurrent Enrollment course with YCCC and a local High School. This course requires that you agree to the following:

- I understand that I am generating a permanent college record that will be applied to all of my higher education pursuits after I graduate from high school.
- I understand that my grade may have an effect on my college financial aid.
- I agree to adhere to YCCC's Code of Conduct.
- I am aware that the content of some YCCC concurrent enrollment college courses may include controversial cultural, religious, political, aesthetic and human sexuality issues and that I will be expected to engage with the material in an objective manner.
- I am aware that YCCC concurrent enrollment courses are college level courses and that these classes require a level of responsibility and maturity expected from a college student. This course will require rigorous academic work.
- I will be graded on a college level grading standard; late or makeup work may not be accepted and will need to be arranged with the YCCC instructor according to the course policies provided in the syllabus.
- I am aware that regular classroom attendance and participation are a requirement, and failure to attend may affect my grade. I understand that we are following the YCCC Academic Calendar and may be meeting on days when high school is not in session.
- I am responsible to officially drop from a course before the deadlines specified by the YCCC Academic Calendar or will be responsible for any tuition and fees associated with enrollment. If I fail to properly withdraw, I may receive a failing grade which will be calculated in my GPA.
- It is my responsibility to consult with my guidance counselor to help me determine if my YCCC Concurrent Enrollment credits will apply toward the major requirements at my intended college or university.
- If I am a student with a disability and have special needs I understand that I must provide documentation of my disability to the Office of Student Disability Services (216-4412), located at YCCC, in order to receive accommodations.
- I am aware that YCCC will correspond directly with the student through their college email account regarding all academic matters.
- I understand that my college grade and my high school grade will be the same and give permission to YCCC to share course grades with the high school for reporting purposes.

Date: \_\_\_\_\_

High School: \_\_\_\_\_

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Printed Name



**YORK COUNTY COMMUNITY COLLEGE  
ACADEMIC and FINANCIAL AID RECORDS  
FERPA RELEASE FORM  
(Family Educational Rights and Privacy Act)**

I, \_\_\_\_\_, authorize York County Community College to release the following educational records for the purpose of allowing my high school to track my academic progress.

Please check type of record and circle the specific items you would like to be released:

\_\_\_\_\_ Academic/Transcript Records: transcripts, admission and registration information, schedule information, assessment test scores, satisfactory academic progress status, residency information and any other documentation contained in my academic record.

\_\_\_\_\_ Financial Aid Records: status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the application or financial aid file.

\_\_\_\_\_ Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the following individual(s)/Institutions to have access to the information listed above:

**Name:**

**School Address:**

**Relationship to student:** *Guidance Counselor*

I understand that I am not required to grant permission to release this information; however, I am granting my consent to York County Community College to disclose these records. I understand that **this release remains in effect for one calendar year from the date it is received by YCCC**, unless I revoke my consent in writing and deliver it to the Enrollment Services Office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID/Social Security

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Printed Name

**Original will be kept on file in the Enrollment Services Office.**

**York County Community College  
Assumption of Risk, Release and Liability Waiver Form  
for Enrollment of Minor Students**

\_\_\_\_\_ (“the minor student”) and \_\_\_\_\_ (“the parent” or “the legal guardian”) want the minor student to take classes at York County Community College (“College”). The parent represents that the minor student is not yet 18 years of age; that the parent is the parent or legal guardian of the minor student; and that the parent is legally competent to sign this form on behalf of the minor student. The parent and minor student (collectively “we”) agree to the following representations, understandings and agreements.

We understand that the law and culture of higher education generally presume that college students are mature adults capable of independently evaluating their environment and independently attending to their needs. We understand that the minor student will voluntarily enter into an adult environment; that the College will treat the minor student as an adult within that environment; and that the minor student accepts fully the rights and responsibilities of an adult within that environment. We understand that expectations that we may have for support and service(s) that may arise from the minor student’s experience in secondary education will often not be appropriate or available in the collegiate setting. In particular, we understand that the minor student will be taking college level courses and that the academic environment will encourage free discussion and open inquiry of sometimes controversial subjects.

We represent that the minor student has the emotional and intellectual maturity necessary to participate beneficially in the collegiate environment. We have access to, and agree to follow, all College policies and procedures and, if the minor student indicates that he or she cannot adapt to that environment, we agree to withdraw, and/or permit the College to remove, the minor student from the College.

We understand that the College will have specific rules that will apply to the minor student’s ability to enroll and attend. These rules may include, but are not limited to, certain enrollment prerequisites, registration requirements, placement tests, matriculation status, and access to “remedial” or “developmental” courses.

For a complete understanding of like applicable rules, we agree to consult with the College and we agree to accept their application to the minor student.

On behalf of ourselves, our family, heirs and personal representative(s), we understand and agree that the College will treat the minor student as an adult; that we have had a reasonable opportunity to consider the risks of a minor student participating in the adult and independent learning environment of the College; and that we assume all such risks regarding the minor student’s participation at the College. On behalf of the same and to the extent permitted by law, we further release, hold harmless, indemnify and covenant not to sue the Maine Community College System, College and their governing boards, trustees, employees and any agents from and against any and all liability for harm, injury, damage, claims, demands, actions, causes of action and expenses of any kind that we may have or that may hereafter accrue to us, directly or indirectly, related to any loss, damage or injury that we may sustain from the minor student’s participation at the College.

We have both read this form; we both understand its terms and conditions; and we both intend to be bound by it from the date of signature below.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Parent’s Printed Name

\_\_\_\_\_  
Student’s Printed Name

Date:\_\_\_\_\_

Date:\_\_\_\_\_