



## HOUSTON COMMUNITY COLLEGE

Congratulations! Your high school has recommended you for Houston Community College's Dual Credit program. Should the Dual Credit office of HCC find you meeting all the requirements of the program, you will be eligible:

- To enroll in HCC dual credit course(s);
- Receive full waiver of tuition and fees; and
- Receive college and high school credits when you successfully complete the course(s).

**The steps below will assist you with registering and receiving the Dual Credit Waiver:**

1. Provide your signature and that of your parent on the Dual Credit Waiver Approval Form;
2. Return the form to your high school counselor or the designated dual credit contact at your high school. They will forward your completed form to the appropriate Houston Community College dual credit office before the start of registration;
3. Register on-line for the identified courses when advised by your high school counselor or designated dual credit contact ([www.hccs.edu/dualcredit](http://www.hccs.edu/dualcredit)). Sign on using your HCC student identification number (W number). Your waiver should automatically be applied against your cost of registration.

Thank you,  
HCC Dual Credit Office



HOUSTON COMMUNITY COLLEGE

## DUAL CREDIT WAIVER APPROVAL FORM

Date:

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Student:

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HCC ID:

GRADE:

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Name of High School/District:

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is eligible to enroll in the following HCC Dual Credit course(s):

Term	HCC Course	Class Number (optional)	Location

Student Signature:

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Parent/Guardian Signature:

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Consent given by  
High School Official Signature/Date:

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Approved by:  
College P-16 Director Signature/Date:

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### **FOR DUAL CREDIT OFFICE USE ONLY**

Waiver Code \_\_\_\_\_ Date Waiver Applied \_\_\_\_\_

High School Location Code \_\_\_\_\_

## Student Commitment Statement

I will make a commitment to my academic success and myself:

- To **attend** class:
  - I understand the importance of attending classes regularly, to be on time and stay until the end of class.
  - I understand that I must attend the required class time specified by the college.
- To **participate**:
  - I commit to actively participate in class as this is very important to my learning experience and to my classmates.
  - As part of this commitment I understand that I must respect others and avoid cellphone use or other disruptive behaviors.
  - I will actively use my HCC email and Canvas account regularly to communicate with college personnel.
- To **prepare** for class and **study**:
  - I will ensure that I read the course syllabi, I am prepared with all study materials and study independently to get ready for each class as required for the class.
  - I will complete all assignments on time, demonstrate organization, time management, a strong work ethic and a willingness to learn.
  - I also understand that my classes may require several hours of independent studying per week.
- To be **successful**:
  - I will go to the instructor with any questions or concerns about the class to ensure my success in class and to follow college policy.
  - I will use other campus resources, such as Tutoring, Library and Center for Learning Resources to support my studies.
  - I understand that plagiarism and cheating are unethical and will submit work that is properly documented and solely mine.
  - I want to be proud of the work I do and the college credit I earn.
- To be **positive**:
  - I understand that I will be in a college environment where the class rigor may challenge me, I will remain positive and understand that this is a necessary part of learning.
  - I commit to strive to embrace difficulty with optimism.

I understand that I can only succeed through hard work and will take the initiative in my education. Because I want to succeed in this program, I will apply the above commitment, as the support to my success. I understand that the ultimate responsibility for succeeding is in my control. I 100% commit.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

HCC ID \_\_\_\_\_

**Dual Credit Student-Parent/Legal Guardian Agreement Form**

Student ID# \_\_\_\_\_ Date \_\_\_\_\_ School Austin HS Grade Level \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
*Printed name of parent/legal guardian* *Printed name of student*

understand that the **Houston Independent School District Dual Credit Division** has certain expectations that students must meet throughout the school year in order to be successful in dual credit courses.

Students must: **(Parent/Legal Guardian, please initial to indicate that you have read and agree.)**

- \_\_\_\_\_ Attend all summer, fall and spring sessions based on the requirements of the specific dual credit program
- \_\_\_\_\_ Maintain a passing grade in all classes and dual credit courses
- \_\_\_\_\_ **Understand that dual credit grades will be placed on your college transcripts and follow you throughout your academic career**
- \_\_\_\_\_ Officially withdraw from the college course when deciding to withdraw from the HISD course; this includes withdrawing from or transferring to another HISD campus
- \_\_\_\_\_ Attempt to earn industry certification in the area of study as prescribed by your program
- \_\_\_\_\_ Must comply with HISD and partnering college attendance policy in order to avoid losing credit for the course
- \_\_\_\_\_ Adhere to the HISD and partnering college Student Code of Conduct
- \_\_\_\_\_ Meet other expectations as defined by the individual campus dual credit program and relevant to that specific academic or Career and Technical Education pathway
- \_\_\_\_\_ Utilize his/her social security number to complete the partnering college application process. HISD may access my child's social security number for this purpose. (In the instance that your child does not have a social security number, an identification number will be provided for application purposes.)

If a student earns a failing grade for any dual credit course then he/she may be subject to limited dual credit course enrollment or deemed ineligible to enroll in any further dual credit courses.

We agree to adhere to the program expectations and policies as outlined in this agreement. All signatures are required in order for students to be enrolled in a dual credit course.

By signing this form, you are giving permission to HISD and a partnering college to enroll your student in college courses for which he/she will begin an official, permanent college transcript.

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Parent/Legal Guardian Signature and Date

\_\_\_\_\_  
Dual Credit Leader/Counselor Signature and Date

\_\_\_\_\_  
Principal/Designee Signature and Date

## Cursos de crédito doble: acuerdo del estudiante y sus padres o tutores

ID del estudiante \_\_\_\_\_ Fecha \_\_\_\_\_ Escuela Austin HS Grado \_\_\_\_\_

Yo, \_\_\_\_\_, padre o tutor de \_\_\_\_\_,  
*Nombre del padre o tutor en letras de molde* *Nombre del estudiante en letras de molde*

entiendo que la **División de crédito doble del Distrito Escolar Independiente de Houston** ha establecido ciertas expectativas y requisitos que los estudiantes deben satisfacer durante el ciclo escolar para cumplir exitosamente con los cursos de crédito doble en que se inscriban.

Los estudiantes deben: **(El padre o tutor debe escribir sus iniciales junto a los requisitos para confirmar que los ha leído y está de acuerdo con cada uno de ellos.)**

- \_\_\_\_\_ asistir a todas las sesiones de verano, otoño y primavera según corresponda a cada programa de crédito doble;
- \_\_\_\_\_ mantener calificaciones satisfactorias en todas las clases y cursos de crédito doble;
- \_\_\_\_\_ **entender que las calificaciones obtenidas en cursos de crédito doble serán incluidas en sus expedientes universitarios y permanecerán en ellos durante toda su carrera académica;**
- \_\_\_\_\_ darse de baja oficialmente del curso universitario cuando decidan darse de baja del curso en HISD, inclusive al darse de baja de la escuela o transferirse a otra escuela de HISD;
- \_\_\_\_\_ procurar obtener la certificación industrial en el campo de estudio según lo requiera su programa específico;
- \_\_\_\_\_ cumplir con la política de asistencia de HISD y del centro universitario asociado para evitar perder el crédito del curso;
- \_\_\_\_\_ adherirse al Código de Conducta Estudiantil de HISD y del centro universitario asociado;
- \_\_\_\_\_ cumplir con otras expectativas del programa de crédito doble de su escuela pertinentes al plan de estudio académico o de educación vocacional y técnica específicos;
- \_\_\_\_\_ usar su número del seguro social en la solicitud de admisión del centro universitario asociado.

HISD puede usar el número del seguro social de mi hijo con este propósito. (En caso de que su hijo no tenga número del seguro social, el distrito proveerá un número para usar en la solicitud de admisión.)

Si el estudiante obtiene una calificación reprobatoria en un curso de crédito doble, el distrito puede limitar su inscripción en cursos de este tipo o considerar que ya no es elegible para cursos de crédito doble.

Al firmar este acuerdo, los padres otorgan permiso a HISD y al centro universitario asociado para inscribir a su hijo en cursos de nivel universitario. con lo cual comenzará a generarse el expediente oficial permanente de su carrera académica. Para inscribir al estudiante en un curso de crédito doble se requieren todas las firmas indicadas a continuación.

Cumpliremos con las expectativas y normas descritas en este acuerdo.

\_\_\_\_\_  
Firma del estudiante y fecha

\_\_\_\_\_  
Firma del padre o tutor y fecha

\_\_\_\_\_  
Firma del consejero o líder de crédito doble y fecha

\_\_\_\_\_  
Firma del director o su representante y fecha



## Bacterial Meningitis Vaccination Verification Form

_____	_____	_____
Last Name	First Name	HCC Student ID Number
_____	_____	_____
Date of Birth	Daytime phone #	Email address

- \_\_\_\_\_ I am submitting meningitis immunization documentation as required
- \_\_\_\_\_ I am submitting Medical Exemption affidavit or certificate (Signed statement by physician stating that the vaccine poses a significant risk to your health. Unless statement indicates permanent condition, the exemption statement is valid for only one year from the date signed by the physician)
- \_\_\_\_\_ I am submitting an [Affidavit for Exemption from Immunization for Bacterial Meningitis for Reasons of Conscience.](#)

### VERIFICATION FORM & DOCUMENTATION MAY BE SUBMITTED:

- AT ANY CAMPUS
- BY EMAIL: Scan your documentation and attach it to an email sent to [vaccine@hccs.edu](mailto:vaccine@hccs.edu)
- BY FAX: 713/718-2882
- BY U.S. MAIL:

Houston Community College  
Admissions & Records,  
P.O. Box 667517  
Houston, Texas 77266-7517

I have read and understand the Bacterial Meningitis immunization requirement. I certify that the information I have provided is true and correct.

_____	_____
Student Signature	Date