



Wicomico County Board of Education

Dual Enrollment Certification Form
Salisbury University
1101 Camden Ave
Salisbury, Maryland 21801

To participate in Dual Enrollment through the high school and Salisbury University, a high school student must:

- * be a junior or senior,
- * be at least 16 years of age by the beginning of the college semester,
- * possess an overall weighted grade point average of 2.75 or above,
- * be enrolled in one of the public school systems in the college's service region or in a non-profit institution offering instruction at the secondary level that is either operating with a Certificate of Approval issued by the Maryland State Department of Education or registered with the Department as a Church Exempt School, and
- * be certified by an official of the high school as meeting all of the eligibility requirements outlined above.

This form must be completed and brought to Salisbury University prior to enrolling in any class. Once certified, the student will complete the process. Diagnostic testing and prerequisite requirements must be met prior to enrolling.

Student Name: _____ SS Number: _____
 High School: _____ Current Class Status: ___ Junior ___ Senior
 Date of Birth: _____ Cumulative GPA: _____ Projected Year of Graduation: _____

COURSES APPROVED FOR THIS STUDENT TO TAKE (Please list):		
College Courses (s)	Title	Credits
Total number of credits this student is allowed to take: _____		
Do you receive free or reduced meals? ___ Yes ___ No		

My signature indicates I understand that I am registering for a college course (s).

Student Signature

Date

Parent Signature

Date

High School Authorization and Validation

Date

Approval Status

Index Code

Title: Dual Enrollment MOU between WCBCE and Salisbury University
 First Adopted:
 Legal Review:
 Approved Revisions:
 Effective:

BOE-GEN-MOU-018



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Student Consent to Disclose Education Records (To be completed by the student)

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records created or maintained by a school that receives Federal funds. Students who attend Salisbury University (SU) retain the right of privacy in their education records. Salisbury University may provide access to a student's education records to a third party if the student provides written consent using this form or as provided in FERPA and SU policy III-6.30 available on-line at http://www.salisbury.edu/president/bor_policies/. A "qualified parent" may receive access to a student record upon the student's written FERPA consent or after providing a copy of the parent's most recently filed IRS 1040 which documents the student was claimed as a dependent.

I am/was a student at SU. I hereby give my voluntary consent for SU officials to disclose the following education records: academic records, student financial records, and university judicial records.

The disclosure of the records listed above may be made to the Wicomico County Board of Education for the purpose of the dual enrollment program. I intend for this consent to be effective until my completion of the dual enrollment program with Salisbury University. I understand I may revoke this consent in writing at any time to the appropriate records custodian(s). I understand that FERPA provides me the right to receive copies of the records disclosed pursuant to this consent. I also understand that SU may charge me a reasonable fee for such copies.

I do not wish to receive copies of the records that are disclosed pursuant to this consent.

I wish to receive copies of the records that are disclosed pursuant to this consent. Please send records to me at the following address: _____

Name During Enrollment: _____ Student ID #: _____

Student Signature: _____ Date: _____

NOTARIZATION REQUIRED (If the student does not personally appear)

State of _____, County of _____

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution of this instrument and, being duly sworn by me, made oath that the statements in the foregoing instrument are true. Witness my hand and official seal, this _____ day of _____, 20____.

Notary Public Signature _____

OFFICIAL SEAL

My Commission Expires: _____

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