



Cisco Networking Academy Enrollment Form



Student information

Last Name: _____ First Name: _____ MI: _____

Year (circle one): Freshman Sophomore Junior Senior

Previous Academy student: No Yes (if yes, Academy ID / email: _____)

SJCS Student Email address: _____

Course information

Term: Fall Spring Year: _____


Academy Course (circle one):

- | | | |
|-------------------------|-------------------|---|
| DC Get Connected | Linux Essentials | DC Programming Essentials in C++ |
| IoT Business | DC Linux I | DC Advanced Programming in C++ |
| IoT Connecting Things | Linux II | Programming Essentials in C |

Counselor approval (to be completed by Mr. Kevin Konyha).

If course selected above begins with **DC**, please review MCC's eligibility requirements and answer the question that follows.

Juniors or Seniors must have a 2.5 cumulative GPA.
 Sophomore must have a 3.0 cumulative GPA.
 Programming courses require the completion Algebra.

 Metropolitan Community College

Student DOES / DOES NOT meet the requirements for Dual-Credit enrollment.

Student is scheduled for College Online hour during _____ period for the Fall / Spring term of _____ (year).

Counselor Signature: _____

Return this enrollment form to SJCS (ATTN: Cisco Academy / Mr. Todd Miller). If selected course is dual credit, remember to include completed MCC's Student Consent to Release Information Form and Intent to Enroll Form with this form.

MCC is pleased you and your student are interested in participating in the Dual Credit Program! Deciding to get a jump start on a college education is an important decision, and with that decision comes an increased level of accountability. Please read and sign below to demonstrate your understanding and acceptance of this responsibility.

Consent

- The student understands that if he or she meets all student eligibility and course requirements, he or she will be admitted to MCC as a non-degree seeking student in which his or her major will be indicated as Dual Credit. Students will not be classified as degree-seeking until they have graduated from high school. At that time they will need to update their information.
- Coursework will be more rigorous and academically challenging than traditional high school courses. Students will be expected to follow the college syllabus, grading scale, assessments, and other required collegiate materials. The grade(s) earned for the dual credit course(s) will become a permanent part of the student's college academic transcript.
- Credits earned under this program will be applicable toward a degree at MCC, and are generally transferable to other colleges and universities. It is the student's responsibility to ensure the course(s) taken are transferable to the college/ university they will be attending after high school graduation.
- There are costs associated with taking a dual credit course. Tuition and any fees not waived by the program are the responsibility of the student. Financial obligations are payable by the student and/or parent/legal guardian if the student is a minor. Any outstanding charges will result in a financial hold being placed on the student's account, which will restrict future enrollment and release of an official transcript. In addition, student and/or parent/legal guardian will be subject to collection letters and calls from MCC and may be reported to the Missouri Tax Offset Program.
- It is the student's responsibility to notify the Dual Credit Program Coordinator to formally withdraw from the college class. Students must abide by the college's drop/refund schedule as indicated on the MCC Dual Credit website. Failure to do so will result in an F on the student's transcript and payment is still required.
- Once enrolled in the program, the student is considered an MCC student and all policies affecting students will apply.
- The student agrees to allow the dual credit counselor permission to release his or her transcript, GPA, ACT and/or any required placement scores as needed to determine eligibility.

My signature below certifies that I intend to enroll in dual credit classes, and that I understand my responsibilities as a dual credit student as outlined above.

Student Signature

Date

The parent/legal guardian signature below certifies that the student has my permission to enroll in the program and I understand my responsibility as a parent/legal guardian of a dual credit student.

Parent/Legal Guardian Signature

Date

This form must be completed/signed and turned in with the class enrollment form.

Failure to complete both sides could impact enrollment.

Please feel free to make a copy of this form for your personal records.

MCC DUAL CREDIT - INTENT TO ENROLL

PLEASE PRINT LEGIBLY

MCC Student ID# S_____ (MCC ID generated from student's free application for admission www.mcckc.edu/apply)

▪ Student Information

(Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____

Date of Birth _____ Senior Junior Sophomore Freshman*

▪ Responsible Parent/Guardian Information

Last Name _____ First Name _____ Middle _____

_____ Same As Student OR

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____

Email Address _____

▪ Alternate Parent/Guardian Information

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____

Email Address _____

* **Freshmen** - See high school dual credit counselor for more information about eligibility.

Dual Credit

Student Consent to Release Information

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g, et. seq.) requires written consent to disseminate personally identifiable education records of any student.

Please submit this form with your Dual Credit Enrollment packet.

| Student First Name | Middle Initial | Last Name | Student I.D. No. |
|--------------------------|----------------|-----------|------------------|
| | | | |
| Permanent Street Address | City | State | Zip Code |
| | | | |

By my signature below, I give permission for MCC to release the information selected on this form to the person(s) indicated for the purpose of job search transcript for _____ lawsuit other_____.

This authorization shall remain in effect until the date of my high school graduation (_____) or until rescinded by me. I understand that I may rescind this authorization by submitting another Student Consent to Release Information form and selecting the "Cancel Release To:" option or by submitting another form of revocation in writing with my signature.

▶ IMPORTANT ◀ Student: You must designate a four digit pin number in order for the person(s) indicated below to access your information if and when they request the information remotely, for example, by phone. It is your responsibility to share the four digit pin with the person(s) for whom the access is being granted in order for their identity to be validated. This extra layer of security has been implemented by MCC to protect your information.

Write Your Four Digit Pin Number Here (numbers only):_____.

| ✓ | Select the items of information that you give permission to release |
|---|--|
| | Billing and Payment Information - Examples: tuition/fee balances, financial holds, mailing/billing addresses, payment plans, accounting statements, collections/debt information |
| | Admission and Registration Information - Examples: application dates, programs selected, documents received/pending, dates of enrollment activity, status, and/or verification, residency status, semesters attended, mailing address information, class schedule |
| | Academic Records - Examples: transcript, courses taken, grades received, GPA, academic progress, honors, transfer credit award, degrees awarded |
| | Financial Aid - Examples: student only data, financial aid application, financial aid award |
| | All Records - Includes all items of information as detailed above |
| | Other - Instead of designating one of the broad categories described above, you may indicate in the space below an individual record or narrower set of records to be released: |

| ✓ | Name (Note: you may designate either an individual party or a class of parties to receive these records.) | Relationship (Circle One: P=Parent, G=Guardian, S=Spouse, O=Other) | Date of Birth (if individual) |
|---|--|---|----------------------------------|
| | Release To: | P G S O | |
| | Cancel Release To: | | |
| | Release To: | P G S O | |
| | Cancel Release To: | | |
| | Release To: | P G S O | |
| | Cancel Release To: | | |
| | I Do: | Request a copy of the records disclosed pursuant to this release. | |
| | I Do Not: | | |

| | |
|--------------------|-------|
| Student Signature: | Date: |
|--------------------|-------|

| For Office Use Only | | |
|--------------------------|----------------|---------------------------|
| Received by: | Date Received: | Service Indicator Posted: |
| Dual Credit High School: | | |