Ball State University – Education Redefined

**COLLEGE TRANSITION PROGRAM**

**High School – Parent/Guardian Permission Form**

The student, parent/guardian and high school signatures are required in order to remain in your classes. The student’s signature is for requesting courses(s), the parent/guardian signature approves the courses for financial obligations and the high school’s signature indicates the student is prepared to enroll in a college-level course. The completed form is required to remain in your classes.

**STUDENT INFORMATION**

Student’s Name (print – LAST, FIRST, and MI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and City of High School: Indiana Academy for SMH – Muncie, IN 47306

Course(s)/ requesting and Instructor for the course: The courses listed here must match up with those for which the student registers.

Sample **HS Course Name (Ex. AP Biology 1) BSU Course (EX. BIO 112/112L) Instructor (Dr. Smith)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT SIGNATURE**

I, the above named student, request permission to take, for college credit, the above courses at Ball State University.

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

**Student Signature Date**

**PARENT/LEGAL GUARDIAN**

As the parent or legal guardian, I agree to be legally bound and fully responsible without limitation for any costs, fees, expenses, or assessments levied on the student by Ball State University.

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

**Parent/Legal Guardian Signature Date**

**ACADEMIC ADVISOR**

As the Academic Advisor for this student, I approve and have assisted the student in enrolling in the above courses.

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**Academic Advisor Date**

**HIGH SCHOOL GUIDANCE OR PRINCIPAL**

I approve the above student to register for the requested university course and agree that the student is academically qualified as outlined by the Admission Standards in the College Transition program’s High School Principal and Guidance Counselor Handbook.

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

**Signature – Assistant Director of Academic Guidance Date**

This form must be signed and brought to your Academic Advisor for enrollment in dual credit classes. It will be processed and sent on the Nancy Day, BSU School of Extended Education, Carmichael Hall, Room 200, Muncie, IN 47306.

**Questions can be directed to Nancy Day,** [**nday@bsu.edu**](mailto:nday@bsu.edu)**, 1-800-872-0369 or 1-765-285-3592.**