

BSU ID \_\_\_\_\_  
Academic Advisor \_\_\_\_\_  
Advisor initials -- checked as correct & complete \_\_\_\_\_



**Dual Credit Program**  
**Indiana Academy for Science, Mathematics, and Humanities**  
**Parent/Guardian Permission Form**  
For **Spring Semester 2021**

The student, parent/guardian, and high school signatures are required in order to register for dual credit classes. The student's signature is for requesting course(s), parent/guardian signature approves the courses for financial obligations, and 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. *Direct any questions regarding the dual credit enrollment to Nancy Day at nday@bsu.edu or 1-765-285-3592.*

**STUDENT INFORMATION (Submit this completed form to your Indiana Academy Academic Advisor for their signature of approval BEFORE registering for the course(s))!**

Student's Legal Name (Print) \_\_\_\_\_  
Last Name First Name Middle Initial)

Name and City of High School: Indiana Academy for Science, Mathematics, and Humanities, Muncie, IN 47306

Course(s) requested for dual credit and Instructor associated with each course: *(Use the Indiana Academy Dual Credit Course for Spring 2021 spreadsheet also included in the email about dual credit)*

<u>Academy Course Name</u>	<u>IASMH Instructor</u>	<u>Academy Class Periods and Days</u>	<u>BSU Equivalent Course (Ex. HIST 202)</u>	<u>CRN (BSUCourse Reference #)</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

(If additional classes, list on back and place check mark here: \_\_\_\_\_)

The above named student requests permission to enroll in the course(s) listed above for dual credit with the Indiana Academy and Ball State University.

**Student Signature and Date:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN PERMISSION**

As the parent or legal guardian, I acknowledge that I am 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 and Date:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**INDIANA ACADEMY ACADEMIC ADVISOR APPROVAL**

I approve that the above named student is academically qualified to register for the requested university course(s) as outlined by the *Admission Standards* in the Dual Credit Program, High School Administrators and Instructor's Handbook. My signature verifies that the student meets the prerequisites for the Ball State University course(s).

**IASMH Academic Advisor Signature and Date:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_