



# Houston Community College

## DUAL CREDIT WAIVER APPROVAL FORM

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

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

\_\_\_\_\_  
Name of High School / District

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
HS Graduation Date (MM/YYYY)

*This form is valid for the duration of the student's participation in the Dual Credit/ECHS/PTECH/Homeschool High School Program. Student enrollment is contingent on qualification and submitted High School Rosters.*

Beginning Semester		Ending Semester		Academic Program		Academic Degree	
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The Academic Program is subject to change based on course availability, student academic progression and interest. If a student decides to change their Academic Program, they must submit a new Dual Credit Waiver Approval Form.

The P-16 office should be notified immediately of students wishing to withdraw from the dual credit program as the form will no longer be valid. Students transferring to a new school must complete a new form.

Please refer to the [Houston Community Catalog](#) for the most recent information about course, program and degree requirements for all students. The catalog will provide guidance and background to all students enrolled at HCC, prospective students, and alumni to quickly locate and save details about our undergraduate courses and programs [credit bearing courses only].

### **Students and Parents please read the statements below:**

- I acknowledge that the student is responsible for paying all costs (tuition, fees, textbooks, supplies, or instructional software) associated with taking dual credit course(s) unless otherwise stated by high school.
- I understand that the student must have written permission from the high school counselor before he/she can withdraw from a dual credit course.
- I understand that Academic Freedom allows faculty and students to pursue relevant course content that may be adult in nature.
- I understand that once the student is registered in a college course, he/she controls access to his or her educational records under the Family Educational Rights and Privacy Act (FERPA) and—unless an exception applies—I may not have access to my student's records without his/her written permission or proof that I claimed the student as a dependent on my most recent income tax return.
- I understand that a college level standard of conduct is required. It is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of HCC, and standards set forth in the course syllabus.
- I acknowledge that I have read the Student Commitment Statement and understand that I can only succeed through hard work and will take the initiative in my education.
- I understand that Out-Of-district fees are assessed based on a student's home address. Students may be required to pay the fee, or the school district may assume responsibility.

**My signature below acknowledges that I have read and understand the statements above and give my child permission to enroll in the Dual Credit Program at Houston Community College during the duration of their high school career.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
High School Official Signature

\_\_\_\_\_  
Date:



## Dual Credit Residency Change Office of Student Records

PLEASE SUBMIT THIS FORM TO YOUR HIGH SCHOOL COUNSELOR/LIASION

For more information about residency. Visit a campus or visit the website <https://www.hccs.edu/applying-and-paying/residency-information/>

<b>HCC- Katy Campus</b> 22910 Colonial Pkwy Katy, TX 77449 Ph.: (713) 718-5808 Fax: (713) 718-5446	<b>HCC- Spring Branch Campus</b> 1010 W. Sam Houston Pkwy N. Houston, TX 77043 Ph.: (713) 718-5710 Fax: (713) 718-5630	<b>HCC- Alief Campus</b> 2811 Hayes Rd. Houston, Texas 77082 Ph.: (713) 718-6918 Fax: (713) 718-8804
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Student's Name: _____	HCC ID: _____
Home Address: _____	
(School Seal/Stamp)	
School District: _____	High School: _____
High School Representative signature <b>REQUIRED:</b> _____	

Home Phone: _____	E-Mail: _____
Cellular Phone: _____	
Course Names & Numbers: _____	
Course Names & Numbers: _____	
Parent Printed Name: _____	
Parent Signature: _____	Date: _____
Student Printed Name: _____	
Student Signature: _____	Date: _____

***This Section is to be completed by HCC Enrollment Services Staff:***

DATE ENTERED	EFFECTIVE TERMS	INITIALS	



## 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