



# HIGH SCHOOL DUAL ENROLLMENT 2026-2027 Enrollment Request Form

## I. Student Information

To be completed by the student for each academic year of enrollment.

Last Name, First Name Middle Name

Social Security Number or ULID

Date of Birth (mm/dd/yyyy)

Cell Phone

E-mail Address

High School

Anticipated High School Graduation

When do you want to enroll in the courses listed below?

Fall

Spring

Summer

Year

Enrolling in courses offered at:

High School

UL Campus

## II. Student & Parent / Custodian Certification

To be completed by the student and parent / custodian.

- I certify that all information provided in this application is accurate.
- I have received and reviewed the Dual Enrollment Criteria and Financial Obligation Policy and agree to all terms and tuition policies.
- I understand the costs associated with the program and accept responsibility for tuition, parking, books, and course fees.
- If approved for participation, I agree to comply with all Dual Enrollment Program requirements.
- I understand that I am enrolling as a Visiting/Guest Student at UL Lafayette. After high school graduation, I must meet standard admission requirements if I wish to enroll as a degree-seeking student.
- I understand that all college courses taken and grades earned through the Dual Enrollment Program will become part of my permanent college academic record.
- I understand that grades earned may be used to determine eligibility for other programs, including TOPS (see TOPS Q&A Renewal - Grades Requirements at <https://mylosfa.la.gov/tops-q-and-as/>).
- I authorize UL Lafayette, my high school, my school district, the Louisiana Board of Regents, the Louisiana Department of Education, and the Louisiana Office of Student Financial Assistance to access my academic records as needed.
- I also authorize my high school and UL Lafayette to exchange academic information (including transcripts) for purposes related to my eligibility or participation in this program.

- I understand that I am responsible for officially dropping or withdrawing from a course by the University’s published deadline if I choose not to complete it. Failure to do so may impact my ability to continue in the Dual Enrollment Program.
- As a High School Dual Enrollment student, I request an exemption from immunization requirements (measles, mumps, rubella, meningitis, diphtheria, and/or tetanus). I understand I may be required to leave campus and be excluded from classes during an outbreak until it is resolved or until proof of immunization is provided. If I later apply as a regular student, I understand I must submit proof of immunization or a signed waiver at that time.

Student Signature Date

Printed Name of Student

Parent / Custodian Signature Date

Printed Name of Parent / Custodian

### III. High School Certification

To be completed by the high school principal, designee or counselor

ACT HS Code	Public High School	Non-public High School	Home School
Current School Year	20 - 20	1st Semester	2nd Semester
Student’s current grade level	11th Grade	12th Grade	
Number of Carnegie Units completed		Anticipated Graduation date	

- The student is on track to complete the required high school core curriculum by graduation (transcript attached).
- A copy of the student’s ACT, SAT, Pre-ACT/Pre-SAT, CLEP, or Accuplacer scores is attached.
- The student has not previously participated in the Dual Enrollment Program.
- The student earned a grade of \_\_\_\_\_ in the most recent Dual Enrollment course, completed during the \_\_\_\_\_ term.

I certify that this student has permission to participate in the Dual Enrollment Program and that all information provided by the high school is accurate.

Principal or Counselor Signature Date

Printed Name of Principal or Counselor  
Title