Credit Programs School Approval & Course Request Form

Pre-College Programs

Please check one: ❑ Dual Credit ❑ Lott – 12th Grade ❑ MS StarTalk ❑ Rebel Research ❑ Summer College

Student Information

Full Legal Name: _____ UM ID Number: _____

High School Name: _____

School Contact: _____ Title: _____

Phone: _____ Email: _____

Administrator Approval (Required)

This student is in good standing and has my recommendation and permission to enroll in the above marked credit program at the University of Mississippi.

❑ I agree the student is in good standing and the listed courses taken through dual enrollment will be approved for high school credit

❑ I agree the student is in good standing but no high school credit will be awarded.

Principal Signature: _____ *Date:* _____

Counselor Signature: _____ *Date:* _____

Course Information

Enter the information below for the University of Mississippi (UM) course(s) that you would like to enroll. Please refer to the "Course Schedule" in my.olemiss.edu for course information, dates, times, and availability. If requesting credit for high school course(s), please enter the corresponding high school (HS) course title for dual credit (*requires approval by School Administrator).

Please check the session you want to attend: ❑ Fall ❑ Spring ❑ First Summer ❑ Second Summer

COURSE 1 UM Title: _____ HS Title: _____

UM Course Number *(HST 130)*: _____ Section Number: _____ Date and Time: _____

Number of Hours: _____ Course Format: ❑ Live ❑ Online ❑ Remote ❑ Hybrid ❑ Web ❑ iStudy

COURSE 2 UM Title: _____ HS Title: _____

UM Course Number *(HST 130)*: _____ Section Number: _____ Date and Time: _____

Number of Hours: _____ Course Format: ❑ Live ❑ Online ❑ Remote ❑ Hybrid ❑ Web ❑ iStudy

Certification

By my signature below, I agree to my student's participation in the listed credit program at The University of Mississippi, and I understand that I am responsible for payment of any charges, including textbooks, materials, lab fees, registration fees, and other course-related fees. I understand that the student must abide by any and all policies and rules set forth by the UM Creed, M-Book, Office of Pre-College Programs, Division of Outreach and Continuing Education, and the University of Mississippi.

Parent Signature: _____ *Date:* _____

Student Signature: _____ *Date:* _____