

APPLICANT INFORMATION	<i>*Please Print Clearly</i>
Name	
High School	
School District	
School District Contact	
School District Contact Email	

## DUAL CREDIT AGREEMENT

### PART 1 – STUDENT

By signing this agreement, I acknowledge my understanding that I am enrolled in a college-level course and that my work will be graded according to the same standards applied to college students. I understand that the final grade earned in this course will be entered into my permanent record at Olds College. As an Olds College dual credit student I understand and agree to the following:

- Attend classes as scheduled and be punctual. Your class schedule will be available from your instructor. You must contact your instructor if you will be absent or late. This includes online courses
- Meet program expectations.
- Intent to withdraw from the College at any time will require your school district to submit the request to the Director of the Community Learning Campus. A “W” grade will be assigned to the course in the current registration period.

In signing this application, I agree to abide by the rules and regulations governing study with Olds College and the school district.

I declare that the information contained in this application is complete and correct. I understand that information about my registration and course progress will be shared between the school district and the college. I understand that this application does not guarantee admission to Olds College programs and is subject to the availability of seats. I understand that this is a school district partnership program and agree that the school district and college reserve the right to modify the program without notice or prejudice.

Print Name/Parent/Guardian: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

### PART 2 – PARENT/GUARDIAN PERMISSION

I authorize my child's participation in Olds College courses(s). I give permission for Olds College to share information about course progress and registration with the school district, so that the school may report as per high school reporting requirements.

I declare that the information contained in this application is complete and correct. I understand that this application does not guarantee admission to Olds College programs and is subject to the availability of seats. I understand that this is a school district partnership program and agree that the school district and college reserve the right to modify the program without notice or prejudice.

Print Name/Parent/Guardian: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

### PART 3 – PRINCIPAL/TEACHER RECOMMENDATION

I have discussed the dual credit course with this student and I recommend him/her as a candidate for admission.

Print Name/Parent/Guardian: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

## SECTION I – PERSONAL DATA

Last Name		First Name		Middle Name	
Mailing Address			City / Province		Postal Code
Email Address			Home Phone		Mobile Phone
Birthdate (Month / Day / Year)			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Alberta Student Number (ASN)
Emergency Contact					Emergency Contact Phone
Course Mark Inquiry and Detailed Academic Report Attached <input type="checkbox"/>					
<p><b>Aboriginal Ancestry</b> – This information is being collected on behalf of Advanced Education and Technology, pursuant to Section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Post-secondary Planning and Accountability, Adult Learning Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 422-1209. If you wish to declare that you are an Aboriginal person, please specify:</p> <p style="text-align: center;"> <input type="checkbox"/> Status Indian /First Nations      <input type="checkbox"/> Metis  <input type="checkbox"/> Non Status Indian/First Nations      <input type="checkbox"/> Inuit         </p>					<p><b>Immigration Status</b></p> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant Country of Citizenship _____ First Native Language _____

## SECTION II – COURSE SELECTION

*Please list the dual credit course or courses for which you are applying including the course number and term*


## SECTION III – FOIP

### Freedom of Information and Protection of Privacy

The information collected on these forms is collected for the purpose of the dual credit program under the authority of the School Act. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. If you have any questions about the collection and use of this information, please contact the Dual Credit Coordinator at 403-507-7731.

Print Name/Student: \_\_\_\_\_

Signature/Student: \_\_\_\_\_

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

Print Name/Parent/Guardian: \_\_\_\_\_

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

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