



**Instructional Planning Center**  
201 East Thirty-Eighth Street  
Sioux Falls, South Dakota 57105  
Phone: (605)367-7900

## **Dual Credit Enrollment Criteria and Expectations**

(to be placed in student's permanent file)

**Please initial next to each bullet that you have read, understand, and agree to its contents.**

\_\_\_ I understand that I am responsible for the selection of my dual credit course(s). Further, I understand I am fully responsible for completing the requirements of my dual credit course(s). This may include attending dual credit class sessions and fulfilling requirements even when my high school classes are not in session.

\_\_\_ I understand I must provide a copy of my dual credit enrollment course schedule to my counselor prior to the counselor adding my dual credit course(s) to my high school schedule. I am responsible for all of my high school classes until they are removed from my schedule and replaced with dual credit classes.

\_\_\_ I understand I must speak to my counselor prior to dropping my dual credit course(s). If I choose to drop my dual credit course(s), I must notify my counselor immediately so that I can re-enroll in a class at my high school. Should I choose to pursue this dual credit class drop, I further understand that I am not guaranteed to earn credit in whichever class in which I reenroll at my high school.

\_\_\_ I understand ALL dual credit enrollment grades will be entered on my high school transcript and will be calculated into my GPA and class rank. I understand that most dual credit course grades are not weighted, and only certain exceptions apply to receiving a weighted grade for a dual credit course.

\_\_\_ I understand that if I withdraw from a dual credit course to receive a "W" grade on my college transcript, I must inform my counselor of my withdrawal. I understand that under principal discretion I may be required to enroll in a course at my high school to replace the course I withdrew from and will need to complete that course by the conclusion of the high school semester. Failure to do so could result in failure of the high school course.

\_\_\_ I understand that responsibility for the student belongs to his/her parent or guardian at times when the student is fulfilling responsibilities for dual credit coursework. (Example: The Sioux Falls School District is not responsible for notifying the parent of the student's failure to attend dual credit classes, complete coursework, or report the student's whereabouts during time designated on the student's schedule for dual credit coursework.)

\_\_\_ I understand that I am responsible for paying ALL fees and tuition billed to me by the institution in which I am enrolled in dual credit. This amount is subject to increase as the number of credit hours in which I enroll increase and for each academic calendar year.

\_\_\_ I understand that I am responsible for purchasing all books and supplies required for my dual credit course(s).

\_\_\_\_ I understand I am responsible for providing my own transportation to attend all dual credit course activities.

\_\_\_\_ I understand that just as my regular high school courses are considered into my eligibility for school activities, my dual credit course(s) will also be factored into my eligibility for SDHSAA athletics and activities.

\_\_\_\_ I understand that if I intend to become certified by the NCAA clearinghouse, I am responsible for understanding how dual credit classes can impact my NCAA eligibility. If I am seeking NCAA certification and I choose to pursue dual credit enrollment, I am enrolling in these courses at my own risk of not being certified by the NCAA.

\_\_\_\_ I understand there is a possibility my future college will not accept my dual credit grades/credits as transfer grades/credits.

\_\_\_\_ I understand there is a possibility my eligibility to obtain Student Federal Financial Aid and other student financial aid in the future may be impacted through my participation in dual credit coursework.

\_\_\_\_ I understand and hereby give permission for the institution for which I am enrolling in dual credit course(s) to release information regarding my dual credit enrollment to the Sioux Fall School District regarding my dual credit enrollment.

\_\_\_\_ I understand and hereby give permission to the Sioux Falls School District to release information to the State of South Dakota regarding my dual credit enrollment.

\_\_\_\_\_  
Student (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by (name of school official)

\_\_\_\_\_  
Date Received

**For questions, please contact:**

Lincoln High School  
Counseling Department  
605-367-7994