Students Name:____________________________________________________________________________
High School:______________________________________________________________________________
Date of Birth:_________________________ Email:__________________________________________

I give the above student permission to take the below classes in the Dual Enrollment Program at USC Upstate.

High School Guidance Counselor:_________________________________________ Date:_____________
Parent/Guardian:________________________________________________________ Date:_____________

Course Option 1:

<table>
<thead>
<tr>
<th>Course CRN#</th>
<th>Subject</th>
<th>Course/Section</th>
<th>Course Title</th>
</tr>
</thead>
</table>

Course Option 2:

<table>
<thead>
<tr>
<th>Course CRN#</th>
<th>Subject</th>
<th>Course/Section</th>
<th>Course Title</th>
</tr>
</thead>
</table>

Approved and Registered by: Signature:_________________________ Date:_____________________

First time enrolled dual enrollment students must provide the following documents with this form to be registered:

- Immunization Records
- SC Drivers License, SC Drivers Permit, or Birth Certificate
- High School Transcript